State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
158803	Coast To Coast Cellular Inc.		
3. Street Address Principal Business Office	City	State	Zip
1910 Minno Drive Suite 210	Johnstown	PA	15905
4. Business Phone No.	5. State of Incorporation		
814-255-3048	Pennsylvania		

6. Brief Description of the Character of Business Conducted in Rhode Island
Reseller of Cellular Phone Services

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
J. William Riner	639 Elm Drive	Johnstown	PA	15905
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Saul Glosser	121 Arlington Street	Johnstown	PA	15905
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Phyllis Forman	312 Bliss Street	Johnstown	PA	15905
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
None				

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
J. William Riner	639 Elm Drive	Johnstown	PA	15905
Director Name	**Street Address**	**City**	**State**	**Zip**
Saul Glosser	121 Arlington Street	Johnstown	PA	15905
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	Common	$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature — *Date* 2/6/09

David E. Price
Print or Type Name

[redacted] Compliance Officer
Title

File Date FILED
Check No. FEB 17 2009
By: By 17931
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08