



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 2010

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. 36645		2. Name of Corporation Quality Cab, Inc.			
3. Street Address Principal Business Office 19 Cross Street			City Central Falls	State Rhode Island	Zip 02863
4. Business Phone No. 401-725-3000		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Taxi Cab Service					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Cavallaro			Vice President Name Anthony Leiter		
Street Address 71 Derry Street			Street Address 310 Bullocks Point Avenue		
City Providence	State Rhode Island	Zip 02908	City East Providence	State Rhode Island	Zip 02908
Secretary Name Anthony Leiter			Treasurer Name Michael Cavallaro		
Street Address 310 Bullocks Point Avenue			Street Address 71 Derry Street		
City East Providence	State Rhode Island	Zip 02908	City Providence	State Rhode Island	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Cavallaro			Director Name Anthony Leiter		
Street Address 71 Derry Street			Street Address 310 Bullocks Point Avenue		
City Providence	State Rhode Island	Zip 02908	City East Providence	State Rhode Island	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 200	Class/Series	Par Value NO PAR

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 16 2010

By: *[Signature]*
29-113955

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] 2-15-10
Signature Date
Anthony Leiter
Print or Type Name
V-President
Title