RI SOS Filing Number: 201175338620 Date: 02/21/2011 4:00 PM

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 2011

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			
19179	Yellow Cab, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1050 Narragansett Blvd.		Cranston	Rhode Island	02910
4. Business Phone No.	5. State of Incorporation			
401-941-1122	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Radio dispatching 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
Carol L. Allen	31 Vermont Avenue	Johnston	Rhode Island	02919
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Donna L. Parsons	83 Old Poccasett Road	Johnston	Rhode Island	02919
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Theresa M. Cromwell	3116 S.E. Mall Terrace	Port Saint Lucie	Florida	34984
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
William Morris	751 Central Avenue	Johnston	Rhode Island	02919

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

Director Name	Street Address	City	State	Zip
Carol L. Allen	31 Vermont Avenue	Johnston	Rhode Island	02919
Director Name	**Street Address**	**City**	**State**	**Zip**
William Morris	751 Central Avenue	Johnston	Rhode Island	02919
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

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2011 FEB 21 PM 10:3[illegible]
SECRETARY OF STATE
CORPORATIONS DIV

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
400	Common	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.

[redacted]

FILED

File Date

Check No. FEB 21 2011

By: BY dv137859

FOR SECRETARY OF STATE USE ONLY
59377-5-598371

[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.

Carol Allen 1-27-11
Signature *Date*

Carol L. Allen
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08