

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00	
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
LOGOUT			
Foreign Business Corporation Annual Report Filing Period: January 1 - March 1			
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.			
 Help with this form			
ANNUAL REPORT YEAR: 2012			
1. Corporate ID No. <u>000158803</u>			
2. Name of Corporation <u>Coast To Coast Cellular Inc.</u>			
3. Street Address Principal Business Office: No. and Street: <u>1910 MINNO DRIVE, SUITE 210</u> City or Town: <u>JOHNSTOWN</u> State: <u>PA</u> Zip: <u>15905</u> Country: <u>USA</u>			
4. Business Phone No. <u>814-255-3048</u>			
5. State of Incorporation State: <u>PA</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>RESELLER OF CELLULAR PHONE SERVICES</u>			
FILED FEB 16 2012 BY <u>25755</u>			
7. Names and Addresses of the Officers and Directors: All officers and directors must be listed.			
	Title	Individual Name	Address

Delete		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	SAUL GLOSSER	235 MABEL STREET JOHNSTOWN, PA 15905 USA
<input type="checkbox"/>	SECRETARY	DAVID E PRICE	204 GARDNER STREET JOHNSTOWN, PA 15905 USA
<input type="checkbox"/>	CEO	J. WILLIAM RINER	639 ELM DRIVE JOHNSTOWN, PA 15905 USA
<input type="checkbox"/>	DIRECTOR	J. WILLIAM RINER	639 ELM DRIVE JOHNSTOWN, PA 15905 USA
<input type="checkbox"/>	DIRECTOR	SAUL GLOSSER	235 MABEL STREET JOHNSTOWN, PA 15905 USA

Select From Below Title:

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	10,000.00	1,000.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: DAVID E. PRICE
 Business Name: COAST TO COAST CELLULA
 No. and Street: 1910 MINNO DRIVE, SUITE 2 - Same Address as -
 City or Town: JOHNSTOWN State: PA Zip: 15905 Country: USA
 Contact Phone: (814) 255-3048 ext: _____
 Contact Email: DAVID.PRICE@COAST2COA

FILED

FEB 16 2012

BY ID 158803

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 10 Day of February, 2012 at 3:20:22 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the*

electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By *[Signature]*

Signature of Authorized Representative of the Corporation

Compliance Officer/Secretary
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline

[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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Help

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BY *FD 158803*

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