



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 11099		2. Exact name of the Corporation SHORE CAB, INC.			
3. Principal office address 35 SHAW DRIVE			City GLOCESTER	State RI	Zip 02857
4. Business Phone No. 401-421-8177			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TAXI CAB BUSINESS/PUBLIC TRANSPORTATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name JOHN A. SIGNORE, JR.			Vice-President Name JOHN A. SIGNORE, JR.		
Street Address 35 SHAW DRIVE			Street Address 35 SHAW DRIVE		
City GLOCESTER	State RI	Zip 02857	City GLOCESTER	State RI	Zip 02857
Secretary Name JOHN A. SIGNORE, JR.			Treasurer Name JOHN A. SIGNORE, JR.		
Street Address 35 SHAW DRIVE			Street Address 35 SHAW DRIVE		
City GLOCESTER	State RI	Zip 02857	City GLOCESTER	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 checked="" 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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.

FILED

File Date: FEB 21 2012
 Check No: _____
 By: 3029

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.

John A. Signore Jr 2/18/2012
 Signature of Authorized Representative Date

JOHN A. SIGNORE, JR.
 Print or Type Name of Authorized Representative

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