



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 2012**

**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. 5031		2. Name of Corporation Cozy Cab, Inc.			
3. Street Address Principal Business Office 129 Connell Highway			City Newport	State RI	Zip 02840
4. Business Phone No. (401) 846-2500		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Taxicab and other related services.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Miller			Vice President Name Peter Miller		
Street Address 105 Wapping Road			Street Address 73 Vernon Avenue		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
Secretary Name Peter Miller			Treasurer Name Paul Miller		
Street Address 73 Vernon Avenue			Street Address 105 Wapping Road		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul Miller			Director Name Peter Miller		
Street Address 105 Wapping Road			Street Address 73 Vernon Avenue		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
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 MUST BE COMPLETED		
			Number of Shares 200	Class/Series Common	Par Value No Par Value

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**

**FEB 27 2012**

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.

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

Signature: Paul Miller Date: 2-27-2012  
Print or Type Name: Paul Miller  
Title: President