



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 2016

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. 536168		2. Exact name of the Corporation CITY CAB COMPANY			
3. Principal office address 984, CHARLES ST, P.O. BOX 41679			City M-PROVIDENCE	State R.I	Zip 02904
4. Business Phone No. 401-516-9365		5. State of Incorporation R.I			
6. Brief description of the character of business conducted in Rhode Island TAXI CAB COMPANY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ADEDIRE BABATUNDE			Vice-President Name ARTHUR FARIS		
Street Address 984, CHARLES ST, P.O. BOX 41679			Street Address 984, CHARLES ST,		
City M-PROVIDENCE	State R.I	Zip 02904	City M-PROVIDENCE	State R.I	Zip 02904
Secretary Name ARTHUR FARIS			Treasurer Name ADEDIRE BABATUNDE		
Street Address 984, CHARLES ST			Street Address 984, CHARLES ST		
City M-PROVIDENCE	State R.I	Zip 02904	City M-PROVIDENCE	State R.I	Zip 02904
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 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	
300		COMMON		\$0.01	

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 CORPORATIONS DIV
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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 10 2016

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 of Authorized Representative: Imole Adedire Date: 3/10/16
 Print or Type Name of Authorized Representative: ADEDIRE BABATUNDE PRESIDENT