RI SOS Filing Number: 201733713560 Date: 02/06/2017 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
11795	**ECONOMY CAB CO., INC.**

3. Principal Office Address	City	State	Zip
968 PLAINFIELD STREET	**JOHNSTON**	**RI**	**02919**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
48-49 - Transportation and W	**PROVIDING AUTO TRANSPORTATION**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name **JOHN PETRARCA**			Vice-President Name		
Street Address **968 PLAINFIELD STREET**			Street Address		
City **JOHNSTON**	State **RI**	Zip **02919**	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **JOHN PETRARCA**			Director Name		
Street Address **968 PLAINFIELD STREET**			Street Address		
City **JOHNSTON**	State **RI**	Zip **02919**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**300**	**COMMON**	**0.00**

11. 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.

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.

Name of Authorized Representative	Date
JOHN PETRARCA - PRESIDENT	**1-29-17**
Signature of Authorized Representative	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

149016-1-1188014

FILED

FEB 06 2017

BY 3743 KM

FORM 630 - Revised: 10/2016