



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2018**  
**Corporation**

FEB 26 2018

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

BY 1424 [Signature]

1. Entity ID Number <b>536168</b>		2. Exact name of the Corporation <b>City Cab Company</b>			
3. Principal Office Address <b>1031 Plainfield Street</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>485310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Taxi-cab company</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Adedire Babatunde</b>			Vice-President Name <b>Arthur Faris</b>		
Street Address <b>1031 Plainfield Street</b>			Street Address <b>1031 Plainfield Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Arthur Faris</b>			Treasurer Name <b>Adedire Babatunde</b>		
Street Address <b>1031 Plainfield Street</b>			Street Address <b>1031 Plainfield Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>No directors</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>300</b>	<b>Common</b>	<b>\$0.01 par value</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Adedire Babatunde, President</b>				Date <b>2-19-2018</b>	
Signature of Authorized Representative <i>[Signature]</i>					