



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 536168		2. Exact name of the Corporation City Cab Company			
3. Principal Office Address 1031 Plainfield Street			City Johnston	State RI	Zip 02919
4. NAICS Code 485310		6. Brief description of the character of business conducted in Rhode Island Taxi-cab company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Adedire Babatunde			Vice-President Name Arthur Faris		
Street Address 1031 Plainfield Street			Street Address 1031 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Arthur Faris			Treasurer Name Adedire Babatunde		
Street Address 1031 Plainfield Street			Street Address 1031 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name No directors			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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued		
Changes require an additional filing.			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE \$0.01 par value
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 Adedire Babatunde, President				Date 2-19-2018	
Signature of Authorized Representative 					