RI SOS Filing Number: 201859709740 Date: 3/2/2018 4:00:00 PM

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

Annual Report for the year: 2018

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		
000011795	ECONOMY CAB, 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	PROVIDING AUTO TRANSPORTATION		
5. State of Incorporation	485999		
RHODE ISLAND			

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

President Name	Vice-Presicent Name
JOHN PETRARCA	
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	Director Name
JOHN PETRARCA	
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	∅

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	1-27-18

Signature of Authorized Representative: [signature] PRESIDENT

FILED
MAR 02 2018
BY 426605

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

FORM 630 - Revised: 10/2017