



State of Rhode Island Filing Number 201887419830 Date: 2/21/2019 4:00:00 PM

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID Number <u>740610</u>		2. Exact name of the Corporation <u>MDTA TRANSPORTATION INC DBA YELLOW CAB</u>	
3. Principal Office Address <u>779 PARK AVENUE</u>		City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02910</u>		6. Brief description of the character of business conducted in Rhode Island <u>TAXI SERVICE - TRANSPORTATION</u>	
4. NAICS Code <u>485310</u>		5. State of Incorporation <u>RI</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MICHAEL P. DUFFY</u>		Vice-President Name	
Street Address <u>17 GREENWOOD STREET</u>		Street Address	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	
Secretary Name		Treasurer Name <u>SAME</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <input type="checkbox"/>	
		NUMBER OF SHARES <u>152</u>	CLASS/SERIES <u>.01</u>
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 <u>MICHAEL P. DUFFY</u>		Date <u>2-21-19</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

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

FILED

FEB 21 2019

BY P2JIR

FORM 630 - Revised: 10/2017