



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2020
Corporation

2020 JAN 23 AM 9:22

- 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 001661184		2. Exact name of the Corporation MOBILITY Transit Corporation	
3. Principal Office Address 53 BAYCLIFF DRIVE		City EAST-GREENWICH	State RI
		Zip 02818	
4. NAICS Code 485999	6. Brief description of the character of business conducted in Rhode Island NON - Emergency Transportation		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name HAKEM B ALABI		Vice-President Name KEVIN I ALABI	
Street Address 53 BAYCLIFF DRIVE		Street Address 53 BAYCLIFF DRIVE	
City EAST-GREENWICH	State RI	City EAST-GREENWICH	State RI
Zip 02818		Zip 02818	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		1	
		0	
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 HAKEM B ALABI		Date 1/23/20	
Signature of Authorized Representative 		FILED JAN 23 2020 BY: X Q F 58	

MAIL TO:
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