State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
001336560	UNITED CAB LLC		
3. NAICS Code: 485310	4. Brief description of the character of business conducted in Rhode Island: TAXI CAB SERVICE		
5. State of Formation: RI			
6. Principal Office Address: 24 TUXEDO AVENUE, APT#2	City: PROVIDENCE	State: RI	Zip: 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: MAMADOU DIALLO	Contact Title: CO-OWNER		
Street Address: 51 GUNBURY ST	City: PROVIDENCE	State: RI	Zip: 02908

8 List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642

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 Person	Date
MAMADOU DIALLO	09/27/2021
Signature of Authorized Person: MAMADOU DIALLO	

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
SEP 27 2021
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FORM 632 - Revised: 08/2020