



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

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2017 FEB -8 AM 8:53

Annual Report for the year: 2016  
 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<br><u>106069</u>  |       | 2. Exact name of the Limited Liability Company<br><u>Peace and Harmony Transportation LLC</u>                |                    |                         |     |
| 3. NAICS Code<br><u>81</u>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Medical Transportation</u> |                    |                         |     |
| 5. State of Formation<br><u>RI</u>  |       |  |                    |                         |     |
| 6. Principal Office Address<br><u>44 Central Street</u>   |       | City<br><u>Manville</u>  | State<br><u>RI</u> | Zip<br><u>02838</u>     |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                    |                         |     |
| Contact Name<br><u>Mutiat Bamgbala</u>  |       |  | Contact Title      |                         |     |
| Street Address<br><u>44 Central Street</u>  |       | City<br><u>Manville</u>  | State<br><u>RI</u> | Zip<br><u>02838</u>     |     |
| 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 <input type="checkbox"/>  |       |  |                    |                         |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                    |                         |     |
| <b>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.</b> |       |  |                    |                         |     |
| Name of Authorized Person<br><u>Mutiat Bamgbala</u>   |       |  |                    | Date<br><u>2/8/2017</u> |     |
| Signature of Authorized Person<br>  |       |  |                    |                         |     |

**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 08 2017  
 By 295275  
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