



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

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2017 APR 10 AM 9:48

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 <u>1236681</u>		2. Exact name of the Limited Liability Company <u>DR-RIDE LLC</u>			
3. NAICS Code <u>48-49</u>		4. Brief description of the character of business conducted in Rhode Island <u>Medical transportation</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>79, General st</u>		City <u>providence</u>	State <u>RI</u>	Zip <u>02904</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>ADRGOKR ODELABU</u>		Contact Title <u>owner</u>			
Street Address <u>79, General st</u>		City <u>providence</u>	State <u>RI</u>	Zip <u>02904</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>ADRGOKR ODELABU</u>		Manager Name <u>SE-1 OWOYOMI</u>			
Street Address <u>79, General st</u>		Street Address <u>71, Alaska st</u>			
City <u>providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>providence</u>	State <u>RI</u>	Zip <u>02904</u>
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.					
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 <u>ADRGOKR ODELABU</u>				Date <u>04/10/2017</u>	
Signature of Authorized Person <u>[Signature]</u>					

FILED

APR 10 2017

BY CR 300438

MAIL TO:
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 Website: www.sos.ri.gov