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

STAMP

Annual Report for the year: 2017
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
001236681	DE RIDE LLC
3. NAICS Code 48-49 4889 99	4. Brief description of the character of business conducted in Rhode Island: MEDICAL TRANSPORTATION
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
79 GENERAL STREET	PROVIDENCE	RI	02920

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
ADEGOKE ODELABU	MEMBER		
Street Address	**City**	**State**	**Zip**
79 GENERAL STREET	PROVIDENCE	RI	02920

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

Manager Name			Manager Name		
SEYI OWOYOMI			ADEGOKE ODELABU		
Street Address			Street Address		
71 ALASKA STREET			79 GENERAL STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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	Date
ADEGOKE ODELABU	10/27/2017

Signature of Authorized Person: AdeGoke Odelabu 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

OCT 30 2017
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FORM 632 - Revised: 08/2017