



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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 BUS SVCS DIV
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1. Entity ID Number 001036337		2. Exact name of the Limited Liability Company SUCCOUR MOBILITY SERVICES	
3. NAICS Code 485310		4. Brief description of the character of business conducted in Rhode Island Non Emergency Medical transportation Services.	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 4 SALISBURY STREET		City PROVIDENCE	State RI Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ABDULGIYATH MAYALEEKE		Contact Title OWNER	
Street Address 4 SALISBURY STREET		City PROVIDENCE	State RI Zip 02905
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 ABDULGIYATH MAYALEEKE		Date 11/16/2017	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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