



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

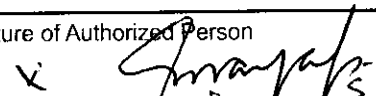
Annual Report for the year. 2017
Limited Liability Company

→ 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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R.I. DEPT. OF STATE
BUS SVCS DIV
2017 NOV 22 AM 10:29

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	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.					
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

FILED

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BY 

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