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

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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: 1095460	2. Exact name of the Limited Liability Company: Assured Transportation, LLC
3. NAICS Code: 485999	4. Brief description of the character of business conducted in Rhode Island: non-emergency medical transportation.
5. State of Formation: R.I.	

6. Principal Office Address	City	State	Zip
11 S Angell St #390	Providence	R.I.	02906

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

Contact Name	Contact Title		
Mustapha Opere-Tojin	Owner		
Street Address	**City**	**State**	**Zip**
11 S Angell St #390	Providence	R.I.	02906

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

Manager Name	Manager Name
Mustapha Opere-Tojin	
Street Address: Same as above	Street Address
City: Prov / 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 ☐

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
Mustapha Opere-Tojin	6/18/18
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 C26412338

FORM 632 - Revised: 10/2017