

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 NOV 26 AM 11: 23

2010 NOV 26 AM 11: 2

Annual Report for the year: 20/8**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.

2 Evact name	of the Limited List	Entity ID Number 2. Exact name of the Limited Liability Company				
NAJESTY RAWSPORT LLC						
VAICS Code 4. Brief description of the character of business conducted in Rhode Island						
RI NON EMERGENCY ONEDICAL TRANSPURTAININ						
_		City	State	Zip		
115 ROANOGUE STREET PROVIDENCE PROTIDENCE RT 02908						
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ABDYLRAHAMAN AILERY			Contact Title DIRECTOR			
Street Address 115 ROANDICE STREE		PROVIDENCE	State	Zip 02908		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name ABDULRAHAMAN AILERU Manager Name						
Street Address 115 ROANOKE STREET		Street Address				
State	Zip 52908	City	State	Zip		
Manager Name		Manager Name				
Street Address		Street Address				
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						
ABDULRAHAMAN AILERY				18		
Signature of Authorized Person Abelul A						
	ANATES 4. Brief descript NON TREET bility Company a ALE STREE Ind addresses) of ALE State State Ind. This information clare and affirm ments contained AMAN	MAJESTY TRA 4. Brief description of the charact NON EMERCIE TREET PROVIDENCE billity Company and Name or Title ALLERY STREE Ind addresses) of the Limited Liab ALLERY State State Zip State Zip State Zip And. This information is currently of reclare and affirm that I have examents contained herein are true AMAN ALLER AMAN ALLER	NON EMERGENCY MEDICAL City FROTIDENCE City Contact Person Contact Title DIRECT STREE City Modubence Manager Name Street Address State Zip City City City Manager Name Street Address State State Zip City Changer Name Street Address City Changer Name Changer Name City Changer Name City Changer Name City Changer Name City Changer Name Changer	A. Brief description of the character of business conducted in Rhode Island NON EMERGENCY MEDICAL TRANS City State FREET PROVINSINE PROTIDENCE City State Contact Title City DIRECTOR City State City DIRECTOR City State Manager Name Street Address State Zip City State Manager Name Street Address State City State Check the box to innot. This information is currently of record with the Department of State. Changes require filing clare and affirm that I have examined this report, including any accompanying ments contained herein are true and correct. Date AMAN ALERY		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

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