RI SOS Filing Number: 201984957560 Date: 1/22/2019 3:59:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division	SECRETARY CORPORATI
Annual Report for the year: 2018	PH 3
Limited Liability Company	3: 5 3: 5
→ Filing period: September 1 - November 1	57 <∃E
→ 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					
001325/27	LAWMEDICAL MARKETING AND AMBYLATORY SERVICE 4C					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
485310	MEDICAL TRAMEPORTATION					
5. State of Formation	NON EMAGENCY					
6. Principal Office Address City				State	Zip	
138 lemmerare SIR.			1ROV.	RI	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
LAWKENCE LIZOAMAKA			Contact Title			
Street Address 138, CommoDerRE Str.			City Prov.	State 21	zip 02904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name ANITA LEOAMAKA Manager Name						
Street Address 138, Commoderat Sp.			Street Address			
City PROV	State ZI	Zip 02904	City	State	Zip	
Manager Name Manager Name					<u> </u>	
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 AWRENCE UZDAMAKA Date 19-17-2018						
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.n.gov FILED

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