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2019 SEP 12 P 1:09



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

Annual Report for the year: 2019
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 001668443		2. Exact name of the Limited Liability Company ORBIT LLC			
3. NAICS Code 481211		4. Brief description of the character of business conducted in Rhode Island Non Emergency Medical transportation			
5. State of Formation RI					
6. Principal Office Address 20 Long Street Unit 1			City North Providence	State RI	Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name TOLULOPE Atakenu			Contact Title		
Street Address 20 Long Street Unit 1			City North Providence	State RI	Zip 02904
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 Tolulope Atakenu				Date 09/12/2019	
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

SEP 12 2019
BY L. P. GOWT