RI SOS Filing Number: 201922174750 Date: 9/30/2019 4:00:00 PM

State of Rhode Isl Department		
Limited Liability Co → Filing period: Septer → Filing Fee: \$50.00	mber 1 - November 1	
	25.00 fee if form is not filed by December 1.	
Entity ID Number	Exact name of the Limited Liability Company	

Entity ID Number	2. Exact name of the Limited Liability Company						
001011428	Kime	LX Aut	o EPublic -	transp	ort LLC		
3. NAICS Code	4. Brief descrip	tion of the charac	ter of business conducted in Rho	de Island	·		
43531D 5. State of Formation	Transport medicaid and medicare Clients TO and from their appointment						
R T	Clien	75 TO	and from the	en a	appointment		
6. Principal Office Address			City_	State	Zip		
46 Whitehall St			Prov	RP	02509		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Allo Contact Title Owner							
Speed Aggress Whitcho	ill St		City Pro-/	State RP	Zip 02909		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name HCQC	2m A	did	Manager Name				
Street Address Whitchall Si			Street Address				
City PngV	State	ZIP 02919	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
<u> </u>		1	Che	eck the box to ind	icate 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	Lem	Adi	D	Date	23/19		
Signature of Authorized Person SCHOOLAMENT HERE							

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 3 0 2019

BY_

FQRM 32 revised: 10/2017