



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

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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 001236681		2. Exact name of the Limited Liability Company DE-RIDE LLC			
3. NAICS Code 485999		4. Brief description of the character of business conducted in Rhode Island Medical transportation			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 79 general street		City providence	State RI	Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Adegoke Odelabu		Contact Title owner			
Street Address 79 general st		City 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 Adegoke Odelabu		Manager Name Seyi Owoyoni			
Street Address 79 general st		Street Address 71Alaska st			
City providence	State Ri	Zip 02904	City providence	State RI	Zip 02904
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 Adegoke odelabu				Date 10/21/19	
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

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