

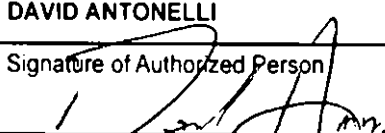


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**Annual Report for the year: 2018**  
**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 <b>001662353</b>	2. Exact name of the Limited Liability Company <b>A and M TRANSPORTATION LLC</b>		
3. NAICS Code <b>485999</b>	4. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES</b>		
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>120 ARMISTICE BLVD</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>JOHN MCCOMISKEY</b>		Contact Title <b>GENERAL PARTNER</b>	
Street Address <b>120 ARMISTICE BLVD</b>		City <b>PAWTUCKET</b>	State <b>RI</b> Zip <b>02860</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>	
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.			
<b>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.</b>			
Name of Authorized Person <b>DAVID ANTONELLI</b>			Date <b>11/09/19</b>
Signature of Authorized Person 			

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**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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