



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

FILED

AUG 28 2020

BY 15034

Annual Report for the year: **2020**

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>000158983</b>		2. Exact name of the Limited Liability Company <b>Lifestar Medical Transportation , LLC</b>			
3. NAICS Code <b>621910</b>		4. Brief description of the character of business conducted in Rhode Island <b>To own and operate an ambulatory transportation business and do all things incidental thereto.</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>267 Jenckes Hill Road</b>		City <b>Smithfield</b>		State <b>RI</b>	Zip <b>02917</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Rocco Gesualdi</b>			Contact Title <b>Member</b>		
Street Address <b>267 Jenckes Hill Road</b>			City <b>Smithfield</b>		State <b>RI</b>
			Zip <b>02917</b>		
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.					
<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>Rocco Gesualdi</b>				Date <b>8-26-20</b>	
Signature of Authorized Person 					
SIGN DOCUMENT HERE					

MAIL TO:  
Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)