



State of Rhode Island

## Department of State - Business Services Division

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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 OCT 14 AM 9:30

1 Entity ID Number <u>000990706</u>		2 Exact name of the Limited Liability Company <u>BETTER CARE (TRANSPORT) LLC.</u>	
3 NAICS Code <u>485310</u>		4 Brief description of the character of business conducted in Rhode Island <u>NON EMERGENCY MEDICAL TRANSPORTATION</u> <u>TAKING MEMBER TO DOCTOR'S APPOINTMENT</u>	
5 State of Formation <u>R.I.</u>			
6 Principal Office Address <u>448 PUBLIC STREET</u>		City <u>PROV R.I.</u>	State <u>R.I.</u>
		Zip <u>02907</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>ADRIAN W. ESADJO</u>		Contact Title <u>OWNER</u>	
Street Address <u>448 PUBLIC STREET</u>		City <u>PROV</u>	State <u>R.I.</u>
		Zip <u>02907</u>	
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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <u>ADRIAN W. ESADJO</u>		Date <u>10/10/20</u>	
Signature of Authorized Person <u>ESADJO ADRIAN</u>			

## 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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BY

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