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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island

Department of State - Business Services Division

2020 OCT 19 A IC 01

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	1 South ID Number					
·	2. Exact name of the Limited Liability Company					
1236681	DE-RIDE LUC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
488999	medical fransportation services					
5. State of Formation						
R1						
6. Principal Office Address			City	State	Zip	
79, General &			providence	RI	02904.	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Adequite Odelalar			Contact Title Own ev			
Street Address 79, General St			city	State (2)	2ip 2404	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Adequilee Odelalar			Manager Name (9WW-ev			
Street Address 79, Greneral 4			Street Address			
city	State 2	Zip 02404	City	State	Zip	
Marlager Name Sey1 0 0 WOYOM			Manager Name			
Street Address 71 A(USKE S) City Providence State R1 Zip D2904			Street Address			
providence	State R /	Zip 2904	City	State	Zip	
Check the box to indicate an attachment						
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 Act cyville October. Date 10/19/20						
Signature of Authorized Person						
Ocheloh						

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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