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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 26 2021
B - 1354

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
950865	KENNTONI MEDICAL CORP		
3. Principal Office Address	City	State	Zip
120 CROSSING DRIVE APT 101	CUMBERLAND	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
485999	Transportation of individuals to doctors appointments		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kenneth N. Agbodike			Vice-President Name: Toni-Jean Minuto-Agbodike		
Street Address: 120 CROSSING DRIVE APT 101			Street Address: 120 CROSSING DRIVE APT 101		
City	State	Zip	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Kenneth N. Agbodike			Treasurer Name: Toni-Jean Minuto-Agbodike		
Street Address: 120 CROSSING DRIVE APT 101			Street Address: 120 CROSSING DRIVE APT 101		
City: Cumberland	State: RI	Zip: 012864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	.01
Changes require an additional filing.			

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
Kenneth N. Agbodike	02-15-2021

Signature of Authorized Representative: Kenneth Agbodike

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020