State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report 2021

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d). each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 000971182

FILED
SEP 29 2021
BY 814891

2. Exact Name of the Limited Liability Company FIGAP Transport + Health Services LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

485999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NON EMERGENCY MEDICAL TRANSPORTATION (NAICS CODE# 485999) AND GENERAL TRUCKING (NAICS CODE# 484121)

5. Principal Office Address

No. and Street: 120 BREWSTER STREET
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 120 BREWSTER STREET
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Name	

	Address Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:
__ Woman
__ Veteran
__ Disabled
__ Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2 How many full time employees does the business have:
__0
__1-5
__6-50
__51-200
__201-500
__Over 500

3 What are the gross revenues for the business for the past year:
__$0 - $50,000
__$51,000 - $250,000
__$251,000 - $500,000
__$501,000 - $1,000,000
__Over $1,000,000

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name: OLAKIITAN ADELEKE
Business Name: FIGAP TRANSPORT AND HEALTH SERVICES
No and Street: 120 BREWSTER ST
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA
Contact Phone: _____ ext:
Contact Email: [redacted]

Signed this 29 Day of September, 2021 at 4:05:35 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By OLAKIITAN ADELEKE

Signature of Authorized Person

Make Corrections | Accept

Form No. 632
Revised 09/07