



State of Rhode Island

Department of State - Business Services Division

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

2021 OCT -5 A 11:19

Annual Report for the year: 2021

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 <u>1236681</u>		2. Exact name of the Limited Liability Company <u>DE-RIDE LLC</u>	
3. NAICS Code <u>485320</u>		4. Brief description of the character of business conducted in Rhode Island <u>Non-emergency medical transportation</u> <u>Cover all transportation services provided to</u> <u>patients not in an emergency.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>79, General St</u>		City <u>providence</u>	State <u>RI</u> Zip <u>02904</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Adegolke</u>		Contact Title <u>Adegolke Od-elaban M.</u>	
Street Address <u>79, General St</u>		City <u>providence</u>	State <u>RI</u> Zip <u>02904</u>
8. List ALL managers (names and addresses) of the Limited Liability Company IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Adegolke Od-elaban</u>		Manager Name <u>Seyi Owoyomi</u>	
Street Address <u>79, General St</u>		Street Address <u>71, Alaska St</u>	
City <u>providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>providence</u>
State <u>RI</u>	Zip <u>02904</u>	State <u>RI</u>	Zip <u>02904</u>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	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>Adegolke Od-elaban</u>		Date <u>06/10/21</u>	
Signature of Authorized Person <u>Od-elaban</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov

FILED

OCT 05 2021

BY CK# 3295
11:19