



State of Rhode Island

Department of State - Business Services Division

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>211067345</u>		2. Exact name of the Limited Liability Company <u>SAM AJOBIEWE INVESTMENT LLC</u>	
3. NAICS Code <u>485310</u>		4. Brief description of the character of business conducted in Rhode Island <u>TAXI CAB</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>LAMANDA WAY</u>		City <u>PVD</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>BENJAMIN AJOBIEWE</u>		Contact Title <u>MR</u>	
Street Address <u>P.O. Box 40695</u>		City <u>PVD</u>	State <u>RI</u>
		Zip <u>02940-0695</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u></u>		Manager Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>
Manager Name <u></u>		Manager Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>
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 <u>BENJAMIN AJOBIEWE</u>		Date <u>10/13/2021</u>	
Signature of Authorized Person <u>[Signature]</u>			

MAIL TO:

Division of Business Services

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FILED

OCT 13 2021

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