RI SOS Filing Number: 202104842090 Date: 11/8/2021 2:07:00 PM

State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company		
1690175	EKO CARE MOBILITY LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
485310			
5. State of Formation			
RI	Non Emergency Medical Transportation		
6. Principal Office Address	City	State	Zip
12 Dresser St	Providence	RI	02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Abiodun Anjous	Contact Title: Owner		
Street Address: 12 Dresser Street	City: Providence	State: RI	Zip: 02909
8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**			
Manager Name: [illegible]	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	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	Date
Abiodun Anjous	11/08/2021

Signature of Authorized Person

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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FORM 632 - Revised: 08:2020