State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 NOV -8 P 2:04

Annual Report for the year: 2020
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: 485310	4. Brief description of the character of business conducted in Rhode Island
5. State of Formation: RI	Non Emergency Medical Transportation

6. Principal Office Address	City	State	Zip
12 Dresser Street	Providence	RI	02909

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

Contact Name	Contact Title		
Abiodun Anyows	Owner		
Street Address	**City**	**State**	**Zip**
12 Dresser St	Providence	RI	02909

8 List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			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 Anyows	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

FILED
NOV 08 2021
BY CH HXOOE
2:06

FORM 632 - Revised: 08/2020