RI SOS Filing Number: 202104913510 Date: 11/9/2021 3:04:00 PM

State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 NOV -9 PM 3:02

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
000929160	Mobility Equipment LLC
3. NAICS Code: 446199	4. Brief description of the character of business conducted in Rhode Island: We are a DME supplier and recycler. We rent, install, sell, repair and recycle durable medical equipment.
5. State of Formation: Rhode Island	

6. Principal Office Address	City	State	Zip
6802 Post rd	North Kingstown	RI	02852

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

Contact Name	Contact Title			
John Perrotti	Owner			
Street Address: 6802 post rd	City: North Kingstown	State: RI	Zip: 02852	

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

Manager Name			Manager Name		
Andrew Celani					
Street Address: 6802 Post rd			Street Address		
City: North Kingstown	State: RI	Zip: 02852	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
John Perrotti	11/9/21
Signature of Authorized Person: John Perrotti	

3:04

FILED
NOV 09 2021
BY 5MM2T

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2020