RI SOS Filing Number: 202106827130 Date: 12/6/2021 4:00:00 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		
001339524	MUTABAN TRANSPORTERS LLC		
3. NAICS Code: 485111	4. Brief description of the character of business conducted in Rhode Island: We provide Non-Emergency Transportation to and From Medical Appointments		
5. State of Formation: RI			
6. Principal Office Address: 626 Smithfield Rd #601	City: North Providence	State: RI	Zip: 02904
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: DANIEL M RWENZO	Contact Title: DIRECTOR		
Street Address: 626 Smithfield Rd #601	City: North Providence	State: RI	Zip: 02904
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
DANIEL M. RWENZO	12/6/2021

Signature of Authorized Person: [signature]

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
DEC 06 2021
BY: GV3W3

FORM 602 Revised: 08/2020