RI SOS Filing Number: 202106885220 Date: 12/7/2021 11:09:00 AM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

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6. Principal Office Address, ITH BIT EMBORGING MEDICAL Frans portation of home to doctors appointments 6. Principal Office Address, ITH BICENTURIAL WAY C3 City Morth Providence Person Contact Name TULIUS RUENTS Contact Title State R1 Zip 02911 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address Street Address City State Zip City State Zip Ocheck the box to indicate an attachment of State is accurate. Changes require filting 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 Manager Principles Address Date 12/07/2021	00/336416	0/3364/2 DUENZO RANSPORTATION LC						
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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**

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