



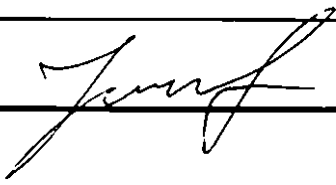
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 FOR
 SECRETARY OF STATE
 2023 JAN 13 PM 03

1. Entity ID Number <u>001690264</u>		2. Exact name of the Limited Liability Company <u>AOT SALA CARE, LLC</u>		
3. NAICS Code <u>485310</u>		4. Brief description of the character of business conducted in Rhode Island <u>NON EMERGENCY TRANSPORT</u>		
5. State of Formation <u>RI</u>				
6. Principal Office Address <u>48 EDGEWORTH AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <u>Abimbola Yusuf</u>		Contact Title <u>owner</u>		
Street Address <u>48 EDGEWORTH AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>
8. 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 <u>Abimbola Yusuf</u>			Date <u>01/13/2023</u>	
Signature of Authorized Person 				

FILED

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JAN 13 2023

BY MB 491146

MAIL TO:

Division of Business Services

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