



RI SOS Filing Number: 202327867560 Date: 2/7/2023 4:00:00 PM

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.

Stamp

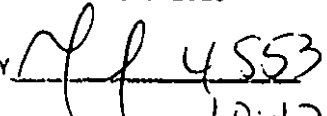
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|   |  |   |                        |                     |
|---|--|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>001744791</b>   |  | 2. Exact name of the Limited Liability Company<br><b>911 Oxygen Supply, LLC</b>   |                        |                     |
| 3. NAICS Code<br><b>532283</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Engage in the rental, supply, and servicing of oxygen tanks, all ancillary purposes</b> |                        |                     |
| 5. State of Formation<br><b>RI</b>  |  |   |                        |                     |
| 6. Principal Office Address<br><b>22 Veterans Memorial Drive</b>  |  | City<br><b>Warwick</b>  | State<br><b>RI</b>     | Zip<br><b>02886</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                        |                     |
| Contact Name<br><b>William E. Howe</b>  |  | Contact Title<br><b>Authorized Person</b>   |                        |                     |
| Street Address<br><b>22 Veterans Memorial Drive</b>   |  | City<br><b>Warwick</b>  | State<br><b>RI</b>     | Zip<br><b>02886</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                        |                     |
| <i>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.</i> |  |   |                        |                     |
| Name of Authorized Person<br><b>William E. Howe</b>   |  |   | Date<br><b>1/31/23</b> |                     |
| Signature of Authorized Person<br>   |  |   |                        |                     |

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## MAIL TO:

Division of Business Services

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