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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.



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4. Brief description of the	character of business conducted		and do all things	
incidental thereto.				
	City Scituate	State RI	Zip 02831	
Liability Company and Name	or Title of Contact Person	_		
ntact Name Francesco Giusti		Contact Title Member		
am Drive	City Scituate	State RI	^{Z_{ip}} 02831	
ation currently of record with	the RI Department of State is acc	urate. Changes requir	e filing Form 642.	
declare and affirm that I hav tements contained herein a	e examined this report, includii re true and correct.	ng any accompanyin	g schedules and	
	e e e e e e e e e e e e e e e e e e e	Date	10	
		1 2/13	2 13 2023	
	4. Brief description of the To own and operation incidental thereto. Liability Company and Name Giusti am Drive ation currently of record with the declare and affirm that I have	To own and operate an ambulatory transport incidental thereto. City Scituate Liability Company and Name or Title of Contact Person Giusti Contact Title Member am Drive City Scituate City Scituate	4. Brief description of the character of business conducted in Rhode Island To own and operate an ambulatory transportation business a incidental thereto. City Scituate City Scituate Contact Person Contact Title Member am Drive City Scituate City Scituate Contact Title Member City Scituate City Scituate Contact Title Member Attendance RI State RI City Scituate Contact Title Member City Scituate City Scitua	

MAIL TO:

Division of Business Services

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