



State of Rhode Island  
Department of State - Business Services Division

FILED

STAMP

APR 10 2023

BY 1397

*[Signature]*

Annual Report for the year: 2023  
Corporation

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

1. Entity ID Number 950865		2. Exact name of the Corporation KENNTONI MEDICAL CORP.				
3. Principal Office Address 240 Highland Corporate Drive, Apt 502			City Foster	State RI	Zip 02864	
4. NAICS Code 485999		6. Brief description of the character of business conducted in Rhode Island Transportation of individuals to doctors appointments				
5. State of Incorporation Rhode Island						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Kenneth N. Agbodike			Vice-President Name Toni-Jean Minuto-Agbodike			
Street Address 240 Highland Corporate Drive, Apt 502			Street Address 240 Highland Corporate Dr, Apt 502			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
Secretary Name Kenneth N. Agbodike			Treasurer Name Toni-Jean Minuto-Agbodike			
Street Address 240 Higland Corporate Dr, Apt 502			Street Address 240 Highland Corporate Dr., Apt 502			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name None			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Snares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS-SERIES	PAR VALUE	
		100		common	no par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <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 Representative Kenneth N. Agbodike					Date 3-31-23	
Signature of Authorized Representative <i>Kenneth N. Agbodike</i>						