



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 MAY 18 P 3:27

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.

| | | | |
|---|--|--|--------------------|
| 1. Entity ID Number <u>0339545</u> | | 2. Exact name of the Limited Liability Company <u>HARMONY TRANSPORT SERVICE LLC</u> | |
| 3. NAICS Code <u>485320</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>NON EMERGENCY MEDICAL TRANSPORTATION</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>32 RIVERVIEW DR</u> | | City <u>LUMBERLAND</u> | State <u>RI</u> |
| Zip <u>02864</u> | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>LAWRENCE T. AMOALCO</u> | | Contact Title <u>OWNER</u> | |
| Street Address <u>32 RIVERVIEW DR</u> | | City <u>LUMBERLAND</u> | State <u>RI</u> |
| Zip <u>02864</u> | | | |
| 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 <u>LAWRENCE T. AMOALCO</u> | | Date <u>5/18/23</u> | |
| Signature of Authorized Person <u>Lawrence T</u> | | | |

FILED

MAY 18 2023

BY ML PIPHE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov