

State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DE

2023 JUN -2 A 10: 28

Annual Report for the year: 202 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 2. Exact name of the Limited Lial	ibility Company
MINY SILES Decauser	healthcare transportanin uc
3. NAICS Code 4. Brief description of the character	cter of business conducted in Rhode Island
13. NAICS COME 01010 OF THE CHARLES	
5. State of Formation	alical losenstrian
RI Non emerge	may medical transportation
6. Principal Office Address	City State Zip
10 Sando Street	+auticlet 180 10000
7. Mailing Address of Limited Liability Company and Name or Trile of Contact Person	
Contact Name 7 Polaused	Contact Title OWEL
Street Address AO STAVET	Pawhicket singt 200860
8. The Resident Agent information currently of record with the RIC	Department of State is accurate. Changes require filing Form 642.
Linder penalty of perjury, I declare and effirm that I have examined this report, including any accompanying acneques and	
statements, and that all statements contained herein are true	Parle 1 1
Name of Authorized Person	111123
IMPY 1) el ausou	16119002
Signature of Authorized Person	
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FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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