RI SOS Filing Number: 202448217510 Date: 3/6/2024 4:00:00 PM



## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **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.

N 251	
EC'D RIDOS BSD MAR 6 PM12:37:17	1九個化

1. Entity ID Number	2. Exact name of the Limited Liability Company				
06/753/36	astrangovitation LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
チャルリ 5. State of Formation	non medical transportation				
N					
6. Principal Office Address		City	State	Zip	
62 heath St Ap	12	prividue	RI	02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Abayoni A Badelo		Manger / Juner City State Zip			
Street Address	د ا	City	_	Zip	
62 heath API 2		providue	Re	01909	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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.					
Name of Authorized Person	2		Date		
Mayoni					
Signature of Authorized Person					
Alanjorin hadyo					
`	1				

MAR - 6 2024 HOXXX

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov