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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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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1. Entity ID Number 001688082	2. Exact name of the Limited Liability Company MERCY TRANSIT LLC					
3. NAICS Code 485999	Brief description of the character of business conducted in Rhode Island TRANSPORT NON EMERGENCY PASSENGERS TO MEDICAL					
5. State of Formation RI	FACILITIES					
6. Principal Office Address	<u>-</u>	City	State	Zip		
22 PARSONAGE ST U	NIT 195	PROVIDENCE	R	02903		
7. Mailing Address of Limited L	iability Company and Name or	Title of Contact Person	<u> </u>			
Contact Name YOUNES DRIF		Contact Title OWNER				
Street Address 22 PARSONAGE ST UNIT 195		City PROVIDENCE	State RI	^{Zıp} 02903		
8. The Resident Agent informa	tion currently of record with the	RI Department of State is accurate	. Changes require	e 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			Oate			
YOUNES DRIF		0ate 3 - 12 - 24				
Signature of Authorized Person りんい	ies drif					

FILED

MAR 1 4 2024

BY ML 1150

MAIL TO:

Division of Business Services

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

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