



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2024  
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 <b>001741059</b>		2. Exact name of the Limited Liability Company <b>JOHNET MEDICAL SERVICES LLC</b>			
3. NAICS Code <b>485310</b>		4. Brief description of the character of business conducted in Rhode Island <b>NON EMERGENCY TRANSPORT</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>5 BISHOP STREET</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>JOHN D SUAHL</b>			Contact Title <b>OWNER</b>		
Street Address <b>5 BISHOP ST</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. <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 <b>JOHN D SUAHL</b> <i>JDSuahl</i>				Date <b>03/12/2024</b>	
Signature of Authorized Person					

**FILED**  
**MAR 14 2024**  
**BY ML 1070**

**MAIL TO:**  
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