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State of Rhode Island Department of State - Business Services Division	AAR 26
Annual Report for the year: 2024 Limited Liability Company	008 BSD 788:48:3
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00	77

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Entity ID Number	2. Exact name of the Limited Liability Company		
001745768	BAMSEY U.C		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
485999	<u> </u>		
5. State of Formation			
RI	Mon Emergency Transportation		
6. Principal Office Address	City / State	Zip	
36 Open A	Ave North Providence RIS	029/1	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
Oluciases O	10Ko Ohner	<u></u>	
Street Address Au	App North Da Note 15	^{21p} 02911	
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	Date AS/2	0/2024	
Signature of Authorized Person			

MAR 20 2024 BY PEJDB

MAIL TO:

Division of Business Services

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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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