



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

APR 08 2024

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- 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 950865		2. Exact name of the Corporation KENNTONI MEDICAL CORP.			
3. Principal Office Address 240 Highland Corporate Drive, Apt 502			City Cumberland	State RI	Zip 02864
4. NAICS Code 485999		6. Brief description of the character of business conducted in Rhode Island Transportation of individuals to doctors appointments			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth N. Agbodike			Vice-President Name Toni-Jean Minuto-Agbodike		
Street Address 240 Highland Corporate Drive, Apt 502			Street Address 240 Highland Corporate Dr, Apt 502		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Kenneth N. Agbodike			Treasurer Name Toni-Jean Minuto-Agbodike		
Street Address 240 Highland Corporate Dr, Apt 502			Street Address 240 Highland Corporate Dr, Apt 502		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			common		
			no par		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Kenneth N. Agbodike					Date 4-3-24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov