



State of Rhode Island
Department of State - Business Services Division

APR 08 2024

Annual Report for the year: 2024

Corporation

→ 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 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. | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 100 | | common | | no par | |
| Changes require an additional filing. | | | | | |
| 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

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023