

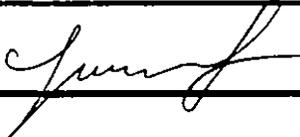


**State of Rhode Island  
Department of State - Business Services Division**

REC'D: RIDOS BSD  
24 APR 24 PM 9:30:59

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 <u>001690264</u>		2. Exact name of the Limited Liability Company <u>AOY SALA CARE LLC</u>	
3. NAICS Code <u>485310</u>		4. Brief description of the character of business conducted in Rhode Island <u>NON EMERGENCY TRANSPORT</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>48 EDGEWORTH AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02904</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Abimbola Yusuf</u>		Contact Title <u>OWNER</u>	
Street Address <u>48 EDGEWORTH AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02904</u>			
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 <u>Abimbola Yusuf</u>			Date <u>04/24/2024</u>
Signature of Authorized Person 			

*MB* FILED *930*  
APR 24 2024  
BY F7J3U

**MAIL TO:**  
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