

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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	2. Exact name of the Limited	2. Exact name of the Limited Liability Company					
001722157	i	GRAHAM EXPRESS LLC					
3. NAICS Code 485310	· ·	Brief description of the character of business conducted in Rhode Island NON EMERGENCY TRANSPORT					
5. State of Formation RI							
6. Principal Office Address		City	State	Zip			
31 DIAMOND STREET		PROVIDENCE	RI	02907			
7, Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person					
Contact Name PATRICIA GRAHAM		Contact Title OWNER					
Street Address 31 DIAMOND STREET		City PROVIDENCE	State RI	^{Zip} 02907			
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accurate	. Changes require	e filing Form 642.			
	y, I declare and affirm that I have atements contained herein are t	e examined this report, including true and correct.	any accompany	ing schedules and			
Name of Authorized Person			Date	Date			
PATRICIA GRAHAM			04/16/202	04/16/2024			
Signature of Authorized Per	son						

FILED

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