| 1. Entity ID Number | 2. Exact name of the Limite | 2. Exact name of the Limited Liability Company | | | | |
|--|---|---|----------|------------------|----------------------|--|
| 001746758 | ELITE CARE SERVICES LLC | | | | | |
| 3. NAICS Code 485310 | Brief description of the character of business conducted in Rhode Island NON EMERGENCY TRANSPORTATION | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | · · · · · · · · · · · · · · · · · · · | City | Sta | te | Zip | |
| 26 ROCCO AVE | | PAWTUCKET | RI | | 02860 | |
| 7. Mailing Address of Limite | ed Liability Company and Name o | r Title of Contact Person | | | | |
| CAROLINE KAZI | | Contact Title OWNER | | | | |
| Street Address 26 ROCCO AVE | | City PAWTUCKET | Sta | ^{le} RI | ^{Zip} 02860 | |
| 8. The Resident Agent infor | mation currently of record with th | e RI Department of State is accurate | e. Chang | es requi | re filing Form 642. | |
| 9. Under penalty of perjui statements, and that all s | ry, I declare and affirm that I had tatements contained herein are | ve examined this report, including true and correct. | any ac | compan | ying schedules and | |
| Name of Authorized Person | | | | Date | | |
| CAROLINE KAZI | | | 07 | 7/11/2024 | | |
| Signature of Authorized Pe | rson | | | | | |

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MAIL TO:

Division of Business Services

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

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