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State of Rhode Island

Department of State - Business Services Division

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.

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Entity ID Number	2. Exact name of the Limited Liability Company			
001236681	DERIDE LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
561720	Hon Emergency Medical Transportation and cleaning Services			
5. State of Formation	Tend cleaning services			
R1				
6. Principal Office Address		City	State	Zip
79 Geneva	1 Street	providence	RI	02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name ODFLABU Adegolle & Contact Title Scent DWD your , OWNER				
Street Address	r	City	State	Zip
79 Genera	1 Street	providence	121	02404
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 Date			1 (
Adegothe Deletator 09/10/24			124	
Signature of Authorized Person Ott-Cluby				

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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