

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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1. Entity ID Number	2. Exact name of the Limited Lia	bility Company	-		
001236681	DERIDE LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
561720	Hon Emergency Medical Transportection				
5. State of Formation	Hon Emergency Medical Transportection and Eleaning gervices				
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 BDELABU Adegoke & Contact Title , Owner					
Street Address	7	City	State	Zip	
79, Genera	1 Strewt	providence	RI	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 Adegol	he Delelelos.		Date 09/10	124	
Signature of Authorized Person Cot-Claby					

FILED

SEP 1 0 2024

MAIL TO:

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