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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025
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 Liability Company				
001725174	Squad 5 F	amily Transportation La			
3. NAICS Code	4. Brief description of the charact	ter of business conducted in Rhode Island LENCY VEHICLE TOUNS POITS	1		
485 999	Non emerg	ency venicle I ransporta	J1 ()+		
5. State of Formation		,			
KI					
6. Principal Office Address	Λ	City // State Zip			
15 Reynolds	. Ave	North Providence RI 029	<u>// </u>		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Saintelise Sang-Souci		OWNER			
Street Address 15 Reynolds Ave		North Providence 2 D 0291	1_		
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	^		
Saintelise Jans - Jour		2/26/29	<u>)</u>		
Signature of Authorized Person					
Zum)					

MAIL TO:

Division of Business Services

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

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