

**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**Corporation**

→ Filing period: February 1 - May 1

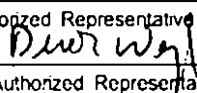
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

**MAR 13 2025**

BY 

|   |             |   |                     |              |                |
|---|-------------|---|---------------------|--------------|----------------|
| 1. Entity ID Number<br>001677276  |             | 2. Exact name of the Corporation<br>MOBILITY 4U LLC   |                     |              |                |
| 3. Principal Office Address<br>5 MARYANNA WAY   |             |   | City<br>ROCKY HILL  | State<br>CT  | Zip<br>06067   |
| 4. NAICS Code<br>454390   |             | 6. Brief description of the character of business conducted in Rhode Island<br><br>DURABLE MEDICAL EQUIPMENT          |                     |              |                |
| 5. State of Incorporation<br>CT   |             |   |                     |              |                |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |                     |              |                |
| President Name<br>DEREK WENZEL  |             |   | Vice-President Name |              |                |
| Street Address<br>5 MARYANNA WAY  |             |   | Street Address      |              |                |
| City<br>ROCKY HILL  | State<br>CT | Zip<br>06067  | City                | State        | Zip            |
| Secretary Name  |             |   | Treasurer Name      |              |                |
| Street Address  |             |   | Street Address      |              |                |
| City  | State       | Zip   | City                | State        | Zip            |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                     |              |                |
| Director Name   |             |   | Director Name       |              |                |
| Street Address  |             |   | Street Address      |              |                |
| City  | State       | Zip   | City                | State        | Zip            |
| Director Name   |             |   | Director Name       |              |                |
| Street Address  |             |   | Street Address      |              |                |
| City  | State       | Zip   | City                | State        | Zip            |
| 9. Shares Authorized  |             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |              |                |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |             | NUMBER OF SHARES  |                     | CLASS/SERIES | PAR VALUE      |
|   |             | 100   |                     | COMMON       | 1              |
|   |             |   |                     |              |                |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. |             |   |                     |              |                |
| 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 Representative<br>  |             |   |                     |              | Date<br>3/8/25 |
| Signature of Authorized Representative<br>DEREK WENZEL  |             |   |                     |              |                |

**MAIL TO:**

**Division of Business Services**

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