



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 APR 8 PM 12:06:35

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.

1. Entity ID Number <b>001745360</b>		2. Exact name of the Limited Liability Company <b>EI Elyon LLC</b>	
3. NAICS Code <b>485310</b>		4. Brief description of the character of business conducted in Rhode Island <b>IS A NON-EMERGENCT MEDICAL TRANSPORTATION COMPANY</b>	
5. State of Formation <b>RHODE ISLAND</b>		Taxi Service	
6. Principal Office Address <b>46 RIDGEWAY AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02909</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>ABIODUN AKINFENWA</b>		Contact Title <b>OWNER</b>	
Street Address <b>168 ROUNDS AVE FLOOR 2</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02907</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person <b>ABIODUN AKINFENWA</b>		Date <b>02/21/2025</b>	
Signature of Authorized Person <i>Abiodun KA</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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