

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				
001741059	JOHNNET MEDICAL SERVICES LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
485310	NON EMERGENCY TRANSPORT				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
5 BISHOP STREET		WEST WARWICK	RI	02893	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOHN D SUAH		Contact Title OWNER			
Street Address 5 BISHOP STREET		City W WARWICK	State RI	^{Zip} 02893	
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		
JOHN D SUAH			04/10/2025		
Signature of Authorized Person JD Such					

FILED

APR 1 0 2025

MAIL TO:

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