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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| REC '25 AP | |
|--------------------------------|--|
| D RID35 BSD R 28 FM12:23:47 | |

| 1. Entity ID Number | 2 Exact name of the Limited Lin | hilihi Company | | | |
|---|--|----------------|-----------|---------------|--|
| 001668443 | 2. Exact name of the Limited Liability Company | | | | |
| 3. NAICS Code | | | | | |
| 485310 | Brief description of the character of business conducted in Rhode Island | | | | |
| 5. State of Formation | | | | | |
| RI | Non emergency | medical Trans | 3Portatio | \mathcal{M} | |
| 6. Principal Office Address | | City | State | Zip | |
| 972 Portige A | | Cranston | RI | 02920 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name TOTULOPA Atalo Street Address PT2 Pontiac A | Contact Title Cov ner | | | | |
| Street Address 972 Pantiac A | Wenue | cità Cromstan | State R | Zip 02920 | |
| o. 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 . | | |
| iolulope A | takeny | | | | |
| Signature of Authorized Person | | | | | |

FILED

APR 2 8 2025

MAIL TO:

Division of Business Services

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

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