RI SOS Filing Number: 202576172730 Date: 6/20/2025 4:00:00 PM

## 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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
001772625	KMK medical services Uc					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
485 991	Non emorgney medical transporte					
5. State of Formation	•	J /		٧		
$R_{l}$						
6. Principal Office Address	<u> </u>	City	State	Zip		
120 mill str	rect ste 201	woonsacket	QI	02895		
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person				
Contact Name	·	Contact Title				
Kassem Kh	achaß	owner	<u>.</u>			
Street Address		City	State	Zip		
245A symmer St		ar Lington	MA	02474		
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		<del></del>	Date			
Kassom Khachaß			6/20/25			
Signature of Authorized Person						

FILED 11: 281

JUN 2 0 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 (CB) BY 558B5