

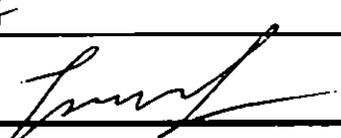


State of Rhode Island
Department of State - Business Services Division

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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 <u>DD1690264</u>		2. Exact name of the Limited Liability Company <u>ADY SALA CARE, LLC</u>			
3. NAICS Code <u>485310</u>		4. Brief description of the character of business conducted in Rhode Island <u>NON EMERGENCY TRANSPORT</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>48 Edgeworth Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Abimbola YUSUF</u>			Contact Title <u>Owner</u>		
Street Address <u>48 Edgeworth Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
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 <u>Abimbola YUSUF</u>				Date <u>07/7/2025</u>	
Signature of Authorized Person 					

FILED

JUL 08 2025

BY _____

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov