RI SOS Filing Number: 202576840080 Date: 7/11/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 202 (
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					
00175755	Abraham Taxi LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
485.310	Taxi Service in Rhode Island					
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
322 VegZie Str, AptB		providence	RI	02904		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
		Contact Title				
Olalekan Int.	Olusegun	CE0				
Street Address		providance	State	Zip		
322 Verzie Str.	Ant B	providence	121	02954		
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			
Malekan W. olu		egun 7/11/25		25		
Signature of Authorized Person						

FILED

MAIL TO:

Division of Business Services

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

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