



State of Rhode Island

## **Department of State - Business Services Division**

2020 OCT 29 ₱ 3: 16

Annual Report for the year: <u>2020</u> **Limited Liability Company** 

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001691137	Bam-Bam Invustment LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
485-999	Medical transportation			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
121 Megzie Street		Providence	RI	02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Bamidule Akingbile		Contact Title Operation Officer  City Proxidence State RT 02708		
Street Address しみし 1/19 Z1 と	9	City Providence	State	Zip   02708
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name Modupe of Street Address	a Arkingbile	Manager Name Ollandamola Akingble		
Street Address  121 1/19212 Street  City Providence State RT 02908		Street Address  121 1/29212 Street  City Providence RT 02908		
City Providence	State RT 03408	CIN Providence	State R T	Zip () 2 9 0 8
Manager Name		Manager Name		
Street Address		Street Address		
City	State Zip	City	State	Zip
Check the box to indicate an attachment				
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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	
Bamidele Arkingbile			10-29-20	
Signature of Authorized Person Sample				

MAIL TO:

**Division of Business Services** 

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

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