



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Molits, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 26734		2. Name of Corporation Ashaway Ambulance Association, Inc.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 72 HIGG ST.		City ASHAWAY	Zip 02804
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island EMERGENCY MEDICAL SERVICES AND TRANSPORTATION TO HOSPITALS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES FRINK			Vice President Name RON WEBER		
Street Address 17 OLD HOPKINTON CEM. RD			Street Address 2 Stripl Lane		
City ASHAWAY	State RI	Zip 02804	City Mystic	State CT	Zip 06355
Secretary Name JESSICA WEBER			Treasurer Name BRENDAN WILLIAMS		
Street Address 4 CANTON ST			Street Address 9 OLD HOPKINTON CEM. RD.		
City WESTELY	State RI	Zip 02891	City ASHAWAY	State RI	Zip 02804
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name JIM FRINK JR			Director Name BILL BRIGGS		
Street Address 17 OLD HOPKINTON CEM. RD.			Street Address Bowling Lane		
City ASHAWAY	State RI	Zip 02804	City Bradford	State RI	Zip 02808
Director Name JEFF YEATER			Director Name DREW ROBINSON		
Street Address North Main St			Street Address Nichols Lane		
City WESTELY	State RI	Zip 02891	City WESTELY	State RI	Zip 02891
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name JAMES FRINK			Address HIGH STREET		
Address P.O. BOX 96			City ASHAWAY	Zip 02804	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	FILED
Check No.	NOV 20 2007
By:	9/16/07
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

JAMES FRINK

Print or Type Name of Officer

PRESIDENT

Title of Officer

9/16/07
Date