



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 *
* 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. 28618		2. Name of Corporation Charlestown Ambulance and Rescue Service, Inc.		City CHARLESTOWN	Zip 02813
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 4891 OLD POST RD		City CHARLESTOWN	Zip 02813
5. Foreign corporation. Enter principal office address				City	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island EMERGENCY MEDICAL TRANSPORTATION FOR THE SICK AND INJURED					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHRIS SLOAN			Vice President Name WILLIAM S. CAMPBELL		
Street Address PO BOX 346			Street Address PO BOX 346		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Secretary Name RUTH CHAPPELL			Treasurer Name JEANNA KRUKOWSKI		
Street Address 60 G CHAPPELL RD			Street Address PO BOX 1533		
City WAKEFIELD	State RI	Zip 02879	City CHARLESTOWN	State RI	Zip 02813
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 LISA SCHIPRITT			Director Name FRANK RAPOSA		
Street Address PO BOX 346			Street Address 4770 S. County Trail		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name WENER COBLEN			Director Name		
Street Address PO BOX 346			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-18					
Agent Name JEANNA KRUKOWSKI			Address		
ROBIN PARTICIPA			4891 OLD POST ROAD		
Address			City CHARLESTOWN	State	Zip 02813

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



FILED 28618
 File Date: **JAN 16 2008**
 Check No.
 By: **047020 11:55**
 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.

Jeanna Kruskowski 5/1/07
 Signature of Officer Date
JEANNA KRUKOWSKI
 Print or Type Name of Officer
FINANCE DIRECTOR
 Title of Officer