

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corporation					
29765	LaBaron C. Colt Memorial Ambulance, Inc					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
Rhode Island	72 Fales Road	1		Bristol	02809	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the chara	acter of the affairs which are ac	ually conducted in Rb	ode Island			
7. NAMES AND ADDRES	SSES OF THE OFFICERS	: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
William Van Voast			Matthew Hayes			
Street Address			Street Address			
72 Fales Road			1 Bradford Stre			
City	State	Ζip	City	State	Zip	
Bristol	Rhode Island		Bristol	Rhode Island	02809	
Secretary Name			Treasurer Name William Van Voast			
Harold Bannister						
Street Address			Street Address 72 Fales Road			
20 Hope Street	State	Zip	City	State	Zip	
	Rhode Island	02809	Bristol	Rhode Island	02809	
Bristol 8 NAMES AND ADDRE	•	•	ATTACHMENT)∏ FILL IN SP		•	
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THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLA! Director Name			Director Name			
Stephen Grimo			Donald Van Voast			
Stephen Gamo			Street Address			
31 River Street			72 Fales Road			
Сйу	State	Ζip	City	State	Zip	
Bristol	Rhode Island	02809	Bristol	Rhode Island	02809	
Director Name			Director Name			
Matthew Hayes						
Street Address			Street Address			
1 Bradford Street						
City	State	Zip	City	State	Ζip	
Bristol	Rhode Island	02809	I	1	ŀ	
9. REGISTERED AGENT	F IN RHODE ISLAND					
This information is curre	ntly of record in the Office	e of the Secretary of	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
This report	must be signed by either	the President, Vic	e President, Secretary, Assist	tant Secretary, Treasurer, Re	ceiver or Trustee	

	29765		
		Under penalty of perjury, I declare and affirm report, including any accompanying schedules	and statements, and that al
File Date	6-22-09	statements contained herein are true and correct	6·15·09
	121	Signature of Officer	Date
Check No		William Van Voast	
Bv:	MMCJ	Print or Type Name of Officer	
	TOPOTE IN OF STATE HER SHAW	President	
FOR S	ECRETARY OF STATE USE ONLY	Title of Officer	E 621 D 00/15
			Form 631 Rev. 09/1