

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

Providence, RI 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $2\infty q$

401.222,3040

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 smaller fee of \$25.00

penalty fee of \$25.00.							
1. Corporate ID No.	2. Name of Corporation						
33873	HOPE VALLEY AMBULANCE SQUAD, INC.						
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip		
RI	5 FAIRVIEW AVE	NUE, P.O.BOX 20	5	HOPE VALLEY	02832		
5. Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the character	of the affairs which are acti	ually conducted in Rhode Isla	nd	<u> </u>			
PROVIDE EMERGENCY MEDICAL SERVICE							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name			Vice President Name				
MICHAEL FOSTER			LYNN POONS				
Street Address			Street Address				
216 ASHAWAY ROAD			P.O. BOX 133				
City	State	Zip	City	State	Zip		
BRADFORD	RI	02808	HOPE VALLEY	RI	02832		
Secretary Name			Treasurer Name				
CHRISTINE GARDNER			RICHARD KENNEY				
Street Address 9 RICHARD ROAD			Street Address 269 SPRING STREET				
City	State	Zip	City	State	Zip		
CAROLINA	RI	02812	ROCKVILLE	RI	02873		
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			Director Name				
FREDERICK SHERMAN			JOE SOUZA				
Street Address			Street Address				
10 O'SHEA LANE			P.O.BOX 02898				
City	State	Zip	City	State	Zip		
WOOD RIVER JCT	RI	02894	WYOMING	RI	02898		
Director Name Dave Giles			Director Name				
Street Address Main Street.			Street Address				
HopeValley	State	02832	City	State	ATTOM		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-18							
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Recei or Trustee							

	1
File Date	
Check No	
By:	
FOR SECRETARY OF STATE USE ONLY	P

33873

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.

Q. - Dana A Kommas

6-29-200

RICHARD A. KENNEY

Print or Type Name of Officer

TREASURER

Title of Officer

Signature of Officer