RI SOS Filing Number: 200952861140 Date: 10/21/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
000172913	ACCU-TRAN MEDICAL TRANSPORTATION SERVICES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	MEDICAL TRANSPORT & AMBULANCE SERVICES

5. Principal office address	City	State	Zip
24 FAIRVIEW AVENUE	EAST PROVIDENCE	RI	02914

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MICHAEL BIGNEY	TREASURER

Street Address	City	State	Zip
334 EAST AVENUE	PAWTUCKET,	RI	02860

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
GABRIEL WIGGINS	24 FAIRVIEW AVENUE	EAST PROVIDENCE	RI	02914
MICHAEL BIGNEY	10 LINDEN DRIVE	PROVIDENCE,	RI	02906

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 000172913 [redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person — *Date* 10/19/09

[redacted] MICHAEL BIGNEY
Print or Type Name of Authorized Person

File Date 10-21-09
Check No. 10230
By: mnc 39452-33-443322
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08