



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
401.222.3046

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)(9)) is subject to a penalty fee of \$25.00.

1. ID No. 000172913		2. Exact name of the limited liability company ACCU-TRAN MEDICAL TRANSPORTATION SERVICES, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL TRANSPORT & AMBULANCE SERVICES			
5. Principal office address 24 FAIRVIEW AVENUE		City EAST PROVIDENCE	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL BIGNEY			Contact Title TREASURER		
Street Address 334 EAST AVENUE		City PAWTUCKET,	State RI	Zip 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 GABRIEL WIGGINS			Manager Name MICHAEL BIGNEY		
Street Address 24 FAIRVIEW AVENUE			Street Address 10 LINDEN DRIVE		
City EAST PROVIDENCE	State RI	Zip 02914	City PROVIDENCE,	State RI	Zip 02906
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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).

000172913

File Date	10-21-09
Check No.	10230
By:	mnc
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 Authorized Person MICHAEL BIGNEY	Date 10/19/09
Print or Type Name of Authorized Person	