



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000527738

**2. Name of Corporation** Rhode Island Metro EMS Association, Inc

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1951 MINERAL SPRING AVE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO SERVE THE EMERGENCY MEDICAL SERVICE COMMUNITY BY: ENCOURAGING THE DEVELOPMENT AND IMPLEMENTATION OF SOUND POLICIES AND PROCEDURES FOR THE EMERGENCY MEDICAL SERVICE (EMS) COMMUNITY. ACTING AS A CLEARINGHOUSE FOR INFORMATION ON COMPREHENSIVE EMS ISSUES. PROVIDING A FORUM FOR CREATIVE AND INNOVATIVE PROBLEM SOLVING ON EMS ISSUES. ADVOCATING FOR STANDARDS FOR EMS SERVICES AND PROVIDERS. FOSTERING INFORMED DECISION-MAKING ON PUBLIC POLICY PERTAINING TO EMS. ESTABLISHING ALLIANCES BETWEEN ANY AND ALL RHODE ISLAND EMS AGENCIES FOR THE EXCHANGE OF IDEAS OF MUTUAL INTEREST AND CONCERN.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN POTVIN	99 RESERVOIR RD COVENTRY, RI 02816 USA
TREASURER	RAYMOND MEDEIROS	48 BELCOURT AVE NORTH PROVIDENCE, RI 02911 USA
SECRETARY	RAYMOND MEDEIROS	48 BELCOURT AVE NORTH PROVIDENCE, RI 02911 USA
VICE PRESIDENT	GREG NOURY	1512 MENDON RD CUMBERLAND, RI 02864 USA
DIRECTOR	LEO KENNEDY	43 BEVERLY CIR GREENVILLE, RI 02828 USA
DIRECTOR	JOHN J VERNANCIO	7 MARIGOLD ST NORTH PROVIDENCE, RI 02914 US
DIRECTOR	EDWARD MATOLA	33 PETTINE ST COVENTRY, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LEO F KENNEDY 301 PONTIAC AVENUE CRANSTON , RI 02910

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 4 Day of June, 2014 at 12:11:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By RAYMOND MEDEIROS  
Signature of Authorized Person

Form No. 631  
Revised 09/07