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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000549923	SouthCoast Emergency Medical Services, Inc.

3. Principal office address	City	State	Zip
304 Warren Avenue, P.O. Box 14069	East Providence	RI	02914

4. Business Phone No.	5. State of Incorporation
508-997-0707	RI

6. Brief description of the character of business conducted in Rhode Island
Ambulance Transportation

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Carol Mansfield	Carol Mansfield
Street Address: 81 Hi-Ona-Hill Road	Street Address: 81 Hi-Ona-Hill Road
City: Mattapoisett, State: MA, Zip: 02739	City: Mattapoisett, State: MA, Zip: 02739
Secretary Name	**Treasurer Name**
Carol Mansfield	
Street Address: 81 Hi-Ona-Hill Road	Street Address:
City: Mattapoisett, State: MA, Zip: 02739	City, State, Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Carol Mansfield	
Street Address: 81 Hi-Ona-Hill Road	Street Address:
City: Mattapoisett, State: MA, Zip: 02739	City, State, Zip:
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	STK	$0.0000

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date:
Check #:
By:
FOR SECRETARY OF STATE USE ONLY

FILED
NOV 16 2015
BY 36000

Form No. 630
Revised: 01/2012

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.

Carol Mansfield 11/12/15
Signature of Authorized Representative Date

Carol Mansfield
Print or Type Name of Authorized Representative

127809-1-1063009