



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

Foreign Non-Profit
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: 2015

1. Corporate ID No. 000573301

2. Name of Corporation Angel Airlines for Life-Rhode Island

3. State of Incorporation

State: VA

4. Corporate Address in Rhode Island

No. and Street: 641 WINTHROP WAY SE

City or Town: CONYERS GA

State: RI Zip: 30094 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 4620 HAYGOOD ROAD

SUITE 1

City or Town: VIRGINIA BEACH State: VA Zip: 23455 Country: USA

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

PROVIDE CHARITABLE MEDICAL AIR TRANSPORTATION FOR FINANCIALLY NEEDY PATIENTS AND THEIR FAMILIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DR. CLINTON D. GORTNEY	641 WINTHROP WAY SE CONYERS, GA 30094 USA
TREASURER	STEVE CRAVEN	41183 NESTLEWOOD FARM LANE PAEONIAN SPRINGS, VA 20129 USA
SECRETARY	STEVE CRAVAN	41183 NESTLEWOOD FARM LANE PAEONIAN SPRINGS, VA 20129 USA
ASSISTANT SECRETARY	JOANIE CORKRUM	1109 EWELL ROAD

ASSISTANT TREASURER	LINDA H JOHNSON	VIRGINIA BEACH, VA 23455 USA 3313 WEEPING WILLOW LANE VIRGINIA BEACH, VA 23453 USA
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**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**

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 14 Day of December, 2015 at 11:48:38 AM 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 JOANIE CORKRUM
Signature of Authorized Person

Form No. 631
Revised 09/07

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