



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 2016

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. 849105		2. Exact name of the Corporation Emergency Vehicles, Inc.					
3. Principal office address 705 13th Street				City Lake Park	State FL	Zip 33403-2303	
4. Business Phone No. 561.848.6652				5. State of Incorporation Florida			
6. Brief description of the character of business conducted in Rhode Island Provides Emergency and Specialty Vehicles for Fire-Rescue, Law Enforcement Agencies and Homeland Security.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Ernst R. Temme				Vice-President Name Ernst R. Temme			
Street Address 518 Ebbtide Drive				Street Address 518 Ebbtide Drive			
City North Palm Beach	State FL	Zip 33408	City North Palm Beach	State FL	Zip 33408		
Secretary Name Ernst R. Temme				Treasurer Name Ernst R. Temme			
Street Address 518 Ebbtide Drive				Street Address 518 Ebbtide Drive			
City North Palm Beach	State FL	Zip 33408	City North Palm Beach	State FL	Zip 33408		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Ernst R. Temme				Director Name None			
Street Address 518 Ebbtide Drive				Street Address			
City North Palm Beach	State FL	Zip 33408	City	State	Zip		
Director Name None				Director Name None			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				1000	One (1)	\$1.00	

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 No 62015

By: _____

FILED

JAN 19 2016

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 Representative [Signature] Date 01/08/2016

Ernst R. Temme
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

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