



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. 000788757		2. Exact name of the Corporation Coastline Emergency Medical Services, Inc.			
3. Principal office address 304 Warren Avenue P.O. Box 14069			City East Providence	State RI	Zip 02914
4. Business Phone No. 508-997-6123		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Ambulance transportation					
President Name Carol Mansfield			Vice-President Name Carol Mansfield		
Street Address 360 Faunce Corner Road			Street Address 360 Faunce Corner Road		
City Dartmouth	State MA	Zip 02747	City Dartmouth	State MA	Zip 02747
Secretary Name Carol Mansfield			Treasurer Name Carol Mansfield		
Street Address 360 Faunce Corner Road			Street Address 360 Faunce Corner Road		
City Dartmouth	State MA	Zip 02747	City Dartmouth	State MA	Zip 02747
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Carol Mansfield			Director Name		
Street Address 360 Faunce Corner Road			Street Address		
City Dartmouth	State MA	Zip 02747	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (SEE 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
			200.00	STK	\$0.0100

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: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

MAR 18 2016

BY 3065 DS

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 3/15/16
 Signature of Authorized Representative Date

Carol Mansfield
 Print or Type Name of Authorized Representative