



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					
7. MUST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
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) (X) BOX FOR ATTACHMENT <input checked="" 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 (X) BOX FOR ATTACHMENT <input checked="" 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

3665 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