



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN -2 AM 10:57

Non-Profit Corporation Annual Report for the year: 2015

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
29765		LaBaron C. Colt Memorial Ambulance Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		AMBULANCE MAINTENANCE FOR BRISTOL VOLUNTEER FIRE DEPARTMENT			
5. Principal Office Address		City	State	Zip	
72 FALES ROAD		BRISTOL	RI	02809	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name WILLIAM VAN VOAST			Vice-President Name MATTHEW HAYES		
Street Address 72 FALES ROAD			Street Address 1 BRADFORD STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name WILLIAM VAN VOAST			Treasurer Name WILLIAM VAN VOAST		
Street Address 72 FALES ROAD			Street Address 72 FALES ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name DONALD VAN VOAST			Director Name STEPHEN GRIMO		
Street Address 7S FALES ROAD			Street Address 31 RIVER STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name ERIC VAN VOAST			Director Name MATTHEW HAYES		
Street Address 7S FALES ROAD			Street Address 1 BADFORD STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative WILLIAM VAN VOAST				Date 5/25/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE 10:57 am	

FILED

JUN 02 2016

By 275688

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