



**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

**Non-Profit Corporation
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: 2016

1. Corporate ID No. 000028618

2. Name of Corporation Charlestown Ambulance and Rescue Service, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 4891 OLD POST ROAD

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

EMERGENCY MEDICAL TRANSPORTATION FOR THE SICK AND INJURED

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH B MILLER	P.O. BOX 346 CHARLESTOWN, RI 02813 USA
TREASURER	CHRISTINE F MASCARO	23 EAST BURDICK ST CHARLESTOWN, RI 02813 USA
SECRETARY	AMANDA THEADORE	P.O. BOX 346

		CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	GLENN A ALLBEE JR	1716 KINGSTOWN RD WAKEFIELD, RI 02879 USA
DIRECTOR	LISA SCHIPRITT	14 NARROW LANE CHARLESTOWN, RI 02813 USA
DIRECTOR	JORDAN DOLOCK	38 EAST QUAIL RUN CHARLESTOWN, RI 02813 USA
DIRECTOR	JONATHAN SMITH	60 NARROW LANE CHARLESTOWN, RI 02813 USA

**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**

CHRISTINE F. MASCARO 4891 OLD POST ROAD P.O. BOX 346 CHARLESTOWN , RI 02813

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

Signed this 29 Day of November, 2016 at 11:36:05 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 PATRICK MCMAHON
Signature of Authorized Person

Form No. 631
Revised 09/07