



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

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 20 2017

BY 52725

1. Entity ID Number 505654		2. Exact name of the Corporation Rhode Island Dispatch, Inc.			
3. Principal Office Address 290 Armistice Boulevard		City Pawtucket		State RI	Zip 02861
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island An ambulance mechanic shop.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Adam R. Reis			Vice-President Name Adam R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Adam R. Reis			Treasurer Name Adam R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Adam R. Reis			Director Name None		
Street Address 86 Naushon Road			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value
11. 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. 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.					
Name of Authorized Representative Adam R. Reis				Date 1/16/17	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov