



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.

1. Entity ID Number 797615		2. Exact name of the Corporation LIBERTY CORPORATION			
3. Principal Office Address 515 WATERMAN AVENUE		City EAST PROVIDENCE	State R.I.	Zip 02914	
4. NAICS Code 62		6. Brief description of the character of business conducted in Rhode Island NON EMERGENCY MEDICAL TRANSPORTATION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANDREW WILLIAMS			Vice-President Name		
Street Address 515 WATERMAN AVENUE			Street Address NONE		
City EAST PROVIDENCE	State R.I.	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address NONE			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name		
Street Address NONE			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			NONE		
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 ANDREW WILLIAMS					Date 1/31/2017
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

FILED
SIGN DOCUMENT HERE

FEB 03 2017

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MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov