



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
(401) 222-7000

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501), shall be subject to a penalty fee of \$25.00.

1. Corporate RI No. 000549923		2. Name of Corporation Southcoast Emergency Medical Services, Inc.			
3. Street Address Principal Business Office 360 Faunce Corner Road			City North Dartmouth	State MA	Zip 02747
4. Business Phone No. 507-997-6123		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island Ambulance Transport					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carol Mansfield			Vice President Name Carol Mansfield		
Street Address 81 Hi-Ona-Hill Road			Street Address 31 Hi-Ona-Hill Road		
City Mattapoisett	State MA	Zip 02739	City Mattapoisett	State MA	Zip 02739
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Carol Mansfield			Director Name		
Street Address 81 Hi-Ona-Hill Road			Street Address		
City Mattapoisett	State MA	Zip 02739	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 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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class Series STK	Par Value 0.000

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.

Signature: Carol Mansfield Date: 4/27/2017

Print or Type Name: Carol Mansfield

Title: President

Signature

File Date \_\_\_\_\_

**FILED**

MAY 26 2017

FOR SECRETARY OF STATE USE ONLY

BY [Signature]