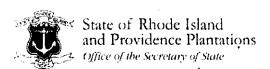
RI SOS Filing Number: 201743676330 Date: 5/26/2017 4:00:00 PM



Mreet Address Principal Business Office 304 Warren Avenue P.O. Box 14069

Le esperate ID No.

000788757

a Tusiness Phone No.

A. Ralph Mollis, Secretary of State Corporations Division - 148 W. River Street Providence, Rt ()29(4)-2615 401.222 West

02914

State RI

Coastline Emergency Medical Services, Inc.

5. State of Incorporation

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 RLGL 3-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (RLGL 3-1.2-1501) of the second and the second an subject to a penalty fee of \$25.00.

East Providence

507-997-6123		RI									
Brief Description of the Character of Ambulance Transport	f Business Conducted in	Rhode Island									
NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS						
Carol Mansfield Street Address 360 Faunce Corner Road			Vice President Name Carol Mansfield Street Address 360 Faunce Corner Road								
						n Dartmouth	State MA	Dartmouth	Cuy Dartmouth	MA	02747
						Secretary Name Carol Mansfield			Carol Mansfield		
Mreet Address 360 Faunce Corner Road			Mircel Address 360 Faunce Corner Road								
artmouth	State MA	Dartmouth	On Dartmouth	State MA	Zip Dartmouth						
NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR ATT	. -	SPACES BEFORE USI	NG ATTACHMENTS						
recor Name Carol Mansfield			Director Name								
Mrcei Address			Street Address								
60 Faunce Corner Road	Leton	T Via.	Cin	State	Zψ						
n ∂artmouth	MA MA	Dartmouth	Catt	.715614*	•						
extot Name	hiliniaaaaaaaa		Director Name		••••••						
Steva Address			Mreet Address								
Tî	State	Zıp	Cirr	State	/sb						
. SHARES AUTHORIZED	1		i 10. SHARES ISSUED	(*X" BOX FOR ATTAC	 CHMENT) ∏						
			_	CTION MUST BE COMPLETE							
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.			Number of Shares	Classiseries	tur vaine						
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istraction succi.			••••••••••••••••••••••••••••••••••••••								
his report must be executed	on behalf of the cou	noration by an authorize	d representative If the c	cornoration is in the han	ds of a receiver or trustee						
iis report must be executed to											
					n that I have examined this restatements, and that all states						
				tre true and correct.	1						
ile Date			√ Cara	Marshillo	1 4272017						
			Segnature	7	Date						
.e. * No		FILED	Carol Mans								
Y'			Print or Type Name	e e							
FOR SECRETARY OF STA	TE USE ONLY	MAY 26 2017 📕	President								
		-(N M <	Title		Form 630 Rgs - 0870						
	BY	44 <u>0</u>									
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