



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) 222-3040

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. § 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. § 1-2-1501(c)(1)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000788757		2. Name of Corporation Coastline Emergency Medical Services, Inc.			
3. Street Address Principal Business Office 304 Warren Avenue P.O. Box 14069			City East Providence	State RI	Zip 02914
4. Business Phone No. 507-997-6123		5. State of Incorporation RI			
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 360 Faunce Corner Road			Street Address 360 Faunce Corner Road		
City Dartmouth	State MA	Zip Dartmouth	City Dartmouth	State MA	Zip 02747
Secretary Name Carol Mansfield			Treasurer Name Carol Mansfield		
Street Address 360 Faunce Corner Road			Street Address 360 Faunce Corner Road		
City Dartmouth	State MA	Zip Dartmouth	City Dartmouth	State MA	Zip Dartmouth
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 360 Faunce Corner Road			Street Address		
City Dartmouth	State MA	Zip Dartmouth	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 <u>MUST</u> BE COMPLETED		
			Number of Shares 200	Class/series STK	Par Value 0.0100

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.

File Date _____
File No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 26 2017

BY _____

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.

✓ Carol Mansfield 4/27/2017
Signature Date

Carol Mansfield

Print or Type Name

President

Title