



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000122575

**2. Name of Corporation** Rhode Island Disaster Medical Assistance Team, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813212

**4. Corporate Address in Rhode Island**

No. and Street: 50 BARNETT LANE

City or Town: WEST GREENWICH

State: RI

Zip: 02817

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE FIELD TEAMS FOR THE ASSESSMENT, TRIAGE AND DELIVERY OF EMERGENCY MEDICAL CARE IN SUPPORT OF LOCAL EMERGENCY MEDICAL SERVICES AS A UNIT OF THE UNITED STATES NATIONAL DISASTER MEDICAL SYSTEM.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS LAWRENCE	81 VICTORY HIGHWAY WEST GREENWICH, RI 02817 US
TREASURER	CHERYL LAWRENCE	81 VICTORY HWY WEST GREENWICH, RI 02817 USA
SECRETARY	ERIN MCDONOUGH	74 KING STREET WARREN, RI 02885 USA
DIRECTOR	SCOTT MARCOTTE	630 WEAVER HILL ROAD COVENTRY, RI 02816 USA
DIRECTOR	JACK ST JEAN	703 MANVILLE WOONSOCKET, RI 02895 USA
DIRECTOR	KEVIN ANSLEY	74 SWEET MEADOW CRANSTON, RI 02920 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

THOMAS LAWRENCE 50 BARNETT LANE WEST GREENWICH , RI 02817

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of September, 2017 at 12:21:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By ERIN MCDONOUGH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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