



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

JAN 19 2018

BY

1885

1. Entity ID Number <u>000797615</u>		2. Exact name of the Corporation <u>LIBERTY CORPORATION</u>										
3. Principal Office Address <u>515 WATERMAN AVENUE</u>		City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>									
		Zip <u>02914</u>										
4. NAICS Code <u>S2411U</u>	6. Brief description of the character of business conducted in Rhode Island <u>WE PROVIDE DIFFERENT SERVICES. WE ARE CURRENTLY PROVIDING NON-EMERGENCY MEDICAL TRANSPORTATION.</u>											
5. State of Incorporation <u>RHODE ISLAND</u>												
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
President Name <u>ANDREW WILLIAMS</u>		Vice-President Name										
Street Address <u>515 WATERMAN AVENUE</u>		Street Address										
City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02914</u>										
Secretary Name <u>MERCY WILLIAMS</u>		Treasurer Name										
Street Address <u>515 WATERMAN AVE</u>		Street Address										
City <u>E. PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02914</u>										
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
Changes require an additional filing.												
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 <u>ANDREW WILLIAMS</u>		Date <u>1/15/18</u>										
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE										

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov