



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2019 MAR -7 AM 11:14

1. Entity ID Number 29765		2. Exact name of the Corporation LABARON C. COLT MEMORIAL AMBULANCE INC <i>corporated</i>	
3. State of Incorporation RHODE ISLAND <input checked="" type="checkbox"/>		5. Brief description of the character of business conducted in Rhode Island AMBULANCE MAINTENANCE AND EQUIPMENT FOR THE BRISTOL VOLUNTEER FIRE DEPARTMENT	
4. NAICS Code 624230 - Emergency and Other <input type="checkbox"/>			
6. Principal Office Address 72 FALES ROAD		City BRISTOL	State RI
		Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name WILLIAM VAN VOAST		Vice-President Name MATTHEW HAYES	
Street Address 72 FALES ROAD		Street Address 1 BRADFORD STREET	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
Secretary Name DONALD VAN VOAST		Treasurer Name WILLIAM VAN VOAST	
Street Address 72 FALES ROAD		Street Address 72 FALES ROAD	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name STEPHEN GRIMO		Director Name DAVID BENEVIDES	
Street Address 31 RIVER STREET		Street Address 46 ROMA STREET	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
Director Name DAVID COCCIO		Director Name	
Street Address 33 GREENWAY DRIVE		Street Address	
City BRISTOL	State RI	City	State
Zip 02809		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 631.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative WILLIAM VAN VOAST			Date 3/5/2019
Signature of Officer/Authorized Representative <i>William Van Voast</i>			FILED

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

MAR 20 2019

BY **5G OKM**
A.A. 11:29 A.M.

FORM 631 - Revised: 11/2017