

**Department of State - Business Services Division**

Annual Report for the year: 2017

**Non-Profit Corporation**

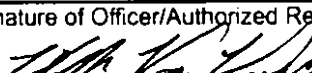
→ Filing period: June 1 - June 30

→ 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 <b>29765</b>		2. Exact name of the Corporation <b>LABARON C. COLT MEMORIAL AMBULANCE INC</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>AMBULANCE MAINTENANCE AND EQUIPMENT FOR THE BRISTOL VOLUNTEER FIRE DEPARTMENT</b>			
4. NAICS Code <b>624230 - Emergency and Other Ambulance Services</b>					
6. Principal Office Address <b>72 FALES ROAD</b>		City <b>BRISTOL</b>		State <b>RI</b>	Zip <b>02809</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WILLIAM VAN VOAST</b>			Vice-President Name <b>MATTHEW HAYES</b>		
Street Address <b>72 FALES ROAD</b>			Street Address <b>1 BRADFORD STREET</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>DONALD VAN VOAST</b>			Treasurer Name <b>WILLIAM VAN VOAST</b>		
Street Address <b>72 FALES ROAD</b>			Street Address <b>72 FALES ROAD</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>STEPHEN GRIMO</b>			Director Name <b>DAVID BENEVIDES</b>		
Street Address <b>31 RIVER STREET</b>			Street Address <b>46 ROMA STREET</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>DAVID COCCIO</b>			Director Name <b></b>		
Street Address <b>33 GREENWAY DRIVE</b>			Street Address <b></b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b></b>	State <b></b>	Zip <b></b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 881.					
<b>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.</b>					
<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 <b>WILLIAM VAN VOAST</b>				Date <b>3/5/2019</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

MAR 20 2019

BY 5GDKM A.M.  
A.A. 11.29 FORM 631 - Revised: 11/2017