



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1333  
401.222.3010

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101240		2. Name of Corporation RHODE ISLAND COMMUNITY TRAINING CENTER, INC.			
3. Street Address Principal Business Office 73 RESERVOIR ROAD			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 4017845945		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ESTABLISH, MAINTAIN, AND CONDUCT COURSES, TRAINING SITES AND PROGRAMS AND TO AUTHORIZE INSTRUCTORS AND/OR TRAINING SITES IN CONFORMITY WITH THE AMERICAN HEART ASSOCIATION					
8. NAMES AND ADDRESSES OF THE OFFICERS (A BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerry McVeigh		Vice President Name Gerry McVeigh			
Street Address 73 Reservoir Road			Street Address 73 Reservoir Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Gerry McVeigh		Treasurer Name Gerry McVeigh			
Street Address 73 Reservoir Road			Street Address 73 Reservoir Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS (A BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (A BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (A BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
600	COMM NO PAR VALUE		300	COMMON	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*101240 DBC 11/12/04 07:03:37 AM\*

File Date **FILED**

Check No. SEP 27 2004

By AMF

FOR SECRETARY OF STATE USE ONLY

045643a

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.

*Gerry McVeigh* 15<sup>th</sup> NOV 2004  
Signature of Officer Date  
Gerry McVeigh  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101240		2. Name of Corporation RHODE ISLAND COMMUNITY TRAINING CENTER, INC.			
3. Street Address Principal Business Office <del>73 RESERVOIR ROAD</del> 511 BUKTON ST			City <del>LINCOLN</del> SMITHFIELD	State RI	Zip <del>02865</del> 02896
4. Business Phone No. 401-784-5945 401-766-7072		5. State of Incorporation RHODE ISLAND			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island TO ESTABLISH, MAINTAIN, AND CONDUCT COURSES, TRAINING SITES AND PROGRAMS AND TO AUTHORIZE INSTRUCTORS AND/OR TRAINING SITES IN CONFORMITY WITH THE AMERICAN HEART ASSOCIATION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerry McVeigh			Vice President Name -		
Street Address 511 Bukton Street			Street Address -		
City North Smithfield	State RI	Zip 02896	City -	State -	Zip -
Secretary Name -			Treasurer Name -		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name -		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
Director Name -			Director Name -		
Street Address -			Street Address -		
City -	State -	Zip -	City -	State -	Zip -
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COMM NO PAR VALUE		300	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 1 2 4 0

\*101240 DBC 04/27/05 11:53:00 AM\*

File Date FILED

Check No. MAR 11 2005

By: By [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] President  
Signature of Officer Date

GERRY M. HUNTER  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



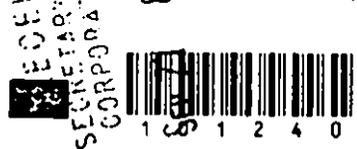
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101240		2. Name of Corporation RHODE ISLAND COMMUNITY TRAINING CENTER, INC.			
3. Street Address Principal Business Office 73 RESERVOIR ROAD			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 4017845945		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ESTABLISH, MAINTAIN, AND CONDUCT COURSES, TRAINING SITES AND PROGRAMS AND TO AUTHORIZE INSTRUCTORS AND/OR TRAINING SITES IN CONFORMITY WITH THE AMERICAN HEART ASSOCIATION					
8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gerry McVeigh		Vice President Name Gerry McVeigh			
Street Address 73 Reservoir Road			Street Address 73 Reservoir Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Gerry McVeigh		Treasurer Name Gerry McVeigh			
Street Address 73 Reservoir Road			Street Address 73 Reservoir Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
600	COMM NO PAR VALUE		300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

SEP 27 2004

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.

\*101240 DBC 09/21/04 12:29:45 PM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

By Gerry McVeigh  
C45643a

Signature of Officer: Gerry McVeigh  
Date: 27th September 2004  
Print or Type Name of Officer: Gerry McVeigh  
Title of Officer: President

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2003  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101240  
2. Name of Corporation RHODE ISLAND COMMUNITY TRAINING CENTER, INC.  
3. Street Address Principal Business Office 73 Reservoir Road  
City Lincoln State RI Zip 02865  
4. Business Phone No. (401) 784-5945  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island To conduct, maintain, establish courses and/or training sites to conform with requirements of American Heart Association for life-saving techniques

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Gerry M. McVeigh	Vice President Name Elaine Amato Vealey
Street Address 73 Reservoir Road	Street Address 21 Eagle Run
City Lincoln State RI Zip 02865	City E. Greenwich State RI Zip 02818
Secretary Name Patricia A. Colonies	Treasurer Name Patricia A. Colonies
Street Address 10 Anvil Drive	Street Address 10 Anvil Drive
City Cumberland State RI Zip 02864	City Cumberland State RI Zip 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	common	no par value

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/5/03  
Check No.: 1549  
By: [Signature]

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.  
Signature of Officer: [Signature] Date: 27th Feb 2003  
Print or Type Name of Officer: Gerry McVeigh  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101240** 2. Name of Corporation **RHODE ISLAND COMMUNITY TRAINING CENTER, INC.**  
3. Street Address Principal Business Office **73 Reservoir Road** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 784-5945** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **To conduct, maintain, establish courses and/or training sites to conform with requirements of American Heart Association for life-saving techniques**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gerry M. McVeigh</b>			Vice President Name <b>Elaine Amato Vealey</b>		
Street Address <b>73 Reservoir Road</b>			Street Address <b>21 Eagle Run</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Patricia A. Colonies</b>			Treasurer Name <b>Patricia A. Colonies</b>		
Street Address <b>10 Anvil Drive</b>			Street Address <b>10 Anvil Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares      Class/Series      Par Value  
**600 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares      Class/Series      Par Value  
**300      common      no par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 2 4 0 \*

File Date: 2-21-02  
Check No.: 1050  
By: [Signature]

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.

[Signature] Date January 7th 2002  
Gerry Mc Veigh  
President

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101240** 2. Name of Corporation **RHODE ISLAND COMMUNITY TRAINING CENTER, INC.**  
3. Street Address Principal Business Office **73 Reservoir Road** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 784-5945** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **To conduct, maintain, establish courses and/or training sites to conform with requirements of American Heart Association for life-saving techniques**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gerry M. McVeigh</b>	Vice President Name <b>Elaine Amato Vealey</b>
Street Address <b>73 Reservoir Road</b>	Street Address <b>21 Eagle Run</b>
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City <b>E. Greenwich</b> State <b>RI</b> Zip <b>02818</b>
Secretary Name <b>Patricia A. Colonies</b>	Treasurer Name <b>Patricia A. Colonies</b>
Street Address <b>10 Anvil Drive</b>	Street Address <b>10 Anvil Drive</b>
City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 SHARES COMMON NO PAR**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**300 common no par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 2 4 0 \*

File Date: 4-19-01  
Check No.: 1033  
By: [Signature]

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.

[Signature] 1-23-2001  
Signature of Officer Date  
**Gerry McVeigh**  
Print or Type Name of Officer  
**President**  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101240** 2. Name of Corporation **RHODE ISLAND COMMUNITY TRAINING CENTER, INC.**  
3. Street Address Principal Business Office **73 Reservoir Road** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 784-5945** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **To conduct, maintain, establish courses and/or training sites to conform with requirements of American Heart Association for life-saving techniques**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b> Gerry M. McVeigh	<b>Vice President Name</b> Elaine Amato Vealey
<b>Street Address</b> 73 Reservoir Road	<b>Street Address</b> 21 Eagle Run
<b>City</b> Lincoln <b>State</b> RI <b>Zip</b> 02865	<b>City</b> E. Greenwich <b>State</b> RI <b>Zip</b> 02818
<b>Secretary Name</b> Patricia A. Colonies	<b>Treasurer Name</b> Patricia A. Colonies
<b>Street Address</b> 10 Anvil Drive	<b>Street Address</b> 10 Anvil Drive
<b>City</b> Cumberland <b>State</b> RI <b>Zip</b> 02864	<b>City</b> Cumberland <b>State</b> RI <b>Zip</b> 02864

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b> NONE	<b>Director Name</b>
<b>Street Address</b>	<b>Street Address</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>
<b>Director Name</b>	<b>Director Name</b>
<b>Street Address</b>	<b>Street Address</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
600	COMMON NO PAR	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
300	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 2 4 0 \*

File Date: FEB 28 2000  
Check No.: FEB 28 2000  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 02/23/2000  
Signature of Officer Date  
Gerry Mc Veigh  
Print or Type Name of Officer  
President  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>101240</b>		2. Name of Corporation <b>RHODE ISLAND COMMUNITY TRAINING CENTER, INC.</b>			
3. Street Address Principal Business Office <b>73 Reservoir Road</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>(401) 784-5945</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>8888</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To conduct, maintain, establish courses and/or training sites to conform with requirements of American Heart Association for life-saving techniques</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Gerry M. McVeigh</b>			Vice President Name <b>Elaine Amato Vealey</b>		
Street Address <b>73 Reservoir Road</b>			Street Address <b>21 Eagle Run</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Patricia A. Colonies</b>			Treasurer Name <b>Patricia A. Colonies</b>		
Street Address <b>10 Anvil Drive</b>			Street Address <b>same as above</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHARES COMMON NO PAR</b>			<b>300</b>	<b>COMMON</b>	<b>no par value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 2 4 0 \*

File Date: 3-1-99  
Check No.: 1023  
By: WD

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 1-4-99  
Name or Type Name of Officer: Gerry M. McVeigh  
Title of Officer: President