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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**		
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2020 JAN 24 AM 9: 31"

Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
53527		Al :ert Ambulance Service, Inc.							
3. Principal Office Address			City	·	State	Zip			
48 Catherine St.			Bristol		R.I.	02809			
4. NAICS Code	6. Brief desci	ription of the charac	cter of business	conducted in Rhod	e Island	<u> </u>			
621910	Care and tra	Care and transportation of the sick and injured							
5. State of Incorporation	$\neg$								
R.I.									
7. List ALL officers (names and	d addresses)			Che	ck the box to in	ndicate an attachment			
President Name  John J Moss			Vice-President Name  David G Sylvaria						
Street Address 267 Wood St			Street Address 48 Catherine St						
City Bristol	State RI	<sup>Zip</sup> 02809	City Bristol		State RI	<sup>Ζiρ</sup> <b>02809</b>			
Secretary Name Thomas Carro	<del> 1</del>		Treasurer Name John J Moss						
Street Address 1172 Hope St		Street Address 267 Wood St							
City Bristol	State RI	Zip	City Bristol		State RI	Zip <b>02809</b>			
8. List ALL directors (names a	nd addresses)			Che	ck the box to i	ndicate an attachment			
Director Name  John J Moss			Director Nar	Director Name Thomas Carroll					
Street Address 267 Wood St			Street Addre	Street Address 1172 Hope St					
City Bristol	State RI	<sup>Zip</sup> 02809	City Bristol		State RI	Zip <b>02809</b>			
Director Name  David G Sylvaria			Director Name none						
Street Address 48 Catherine St			Street Address						
City Bristol	State RI	<sup>Zip</sup> 02809	City		State	Zıp			
9. Shares Authorized		10. Shares Is	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State.			NUMBER OF SHARES		RIES	PAR VALUE			
Changes require an additional f	ilina.	1,000		none		\$0.00			
	······a.								
11. This report must be execut	ted on behalf of the	corporation by an	authorized repr	esentative. If the co	rporation is in	the hands of a receiver or			
trustee, this report must be ex- Under penalty of perjury, I d	eclare and affirm:	that I have examir	ned this report	trustee. , including any acc	companying s	chedules and			
statements, and that all state Name of Authorized Represen	<del>ements contained</del> Itative	<u>i nerein are true al</u>	na correct.		Date				
David G. Sylvaria					January 20, 2020				
Signature of Authorized Repre	esentative l	glud SIGN DO	OUMENT HER	FILED 4		<del>.</del>			
MAIL TO:	2 Sym	ana_		JAN <b>2</b> 4 2020					

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017