

File Date

FOR SECRETARY OF STATE USE ONLY

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

Matthew A. Brown, Secretary of State

Corporations Divisic 100 North Main Stre Providence, RI 02903-133 401.222.304

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Name of Corporation RESCUE. 3. State of Incorporation 02907 PUTHERGLEN 5. Foreign corporation. Enter principal office address 6 Brief Description of the character of the affairs which are actually conducted in Rhode Island RESCUE TRAINING 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name MICHAEL PAUL Street Address City 02907 Secretary Nan CRANSTON 029 10 02910 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 MICHAEL DaGH1 ROLEN State 02903 Director Name Street Address Zip State 02910 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Agent Name Address Address PROV. This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 heroin are true and correct.

Print or Type Name of Officer

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

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Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222.3040

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NON-PROFIT CORPORATION A	NNUAL REPOR	T FOR THE	YEAR 200	, 4	
Tring Period: June 1 - June 30 Filing Pee: \$20. FORM MUST BE TYPED OR PRINTED IN BLACK)				• • • • • • • • • • • • • • • • • • •	
1 Corporate ID No 2. Name of Corporation 131762 Heavy	Rescue Inc				
3 State of Incorporation 4. Corporate address in Ahode RT 165 RHW	Island - Street Address ergles AJ	<i>C</i>	PROU.	2ip 02907	
S Foreign corporation. Enter principal office address	City	Si.	ate	Zip	
Brief Description of the character of the affairs which are actua	lly conducted in Rhode Island			······································	
Kescut Haining 7. Names and addresses of the officers of President Name			PORE USINGATTAC	UMENTS	
Michael J Bates		rul A Do	oughty		
325 Washington St	Street Addre	5 Ruthers			
Cir. PROV Sidle RI Zip	2903 City PA	200	ate R(02907	
Gregory Crawford	Treasurer N		Cranford	· · · · · · · · · · · · · · · · · · ·	
Sircer Address Waterman But	Street Addre		-		
Cir. State Zip	2710 Cr	. Jak	ate R1	Zip 02910	
8. NAMES AND ADDRESSES OF THE DIRECTORS	CX" BOX FOR ATTACHMENT	FILL IN SPACES B		CHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC	Director Na	25	and a line of the state of the wear of	J.R.I.G.L 7-6-23	
Michael J Bates	Street Addre	•	oughty		
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	2903 F	1200	RI	02907	
Gregory Crantord	Director Na			and the second s	
Street Address 56 Waternau 51 City Crays State R 1 0	Street Addre	55	***	en garage de la companya de la comp	
Crans State Zip	2910	: Sr	ate	_Δρ : :	
9. REGISTERED AGENT IN RHODE ISLAND DO NO	TALTER-Changes requi	re filing of Form (541 -RIGL7-6-13/	7-6-78	
DAVE A DOVETTY	City 🙃		Zip		
165 Rotherglen Av	Pa	 かし	202	907	
This report must be signed in ink by either the Pre-	sident, Vice President, Sec	retary, Assistant Sec	retary, Treasurer,	Receiver or Trustee	
	Under	r penalty of periury 1 de	clare and affirm that	have examined	
FILED	this re	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.			
SEP 07 2004		Par 1 11		5000	

of Officer Form 631 Rev

V. Aresident Print or Type Name of Officer