



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

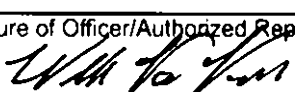

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

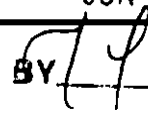
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV

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1. Entity ID Number 000029765		2. Exact name of the Corporation LeBaron C. Colt Memorial Ambulance Incorporated			
3. State of Incorporation Rhode Island		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 <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	Zip 02809	City Bristol	State RI	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	Zip 02809	City Bristol	State RI	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 Ruver Street			Street Address 46 Roma Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name David Coccio			Director Name		
Street Address 33 greenway Drive			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative William Van Voast				Date JUN 29 2020	
Signature of Officer/Authorized Representative 					

MAIL TO:
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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