



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

Annual Report for the year: **2021**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 17 2021

34 8020

1. Entity ID Number 000549923		2. Exact name of the Corporation Southcoast Emergency Medical Services, Inc.			
3. Principal Office Address 360 Faunce Corner Road		City North Dartmouth		State MA	Zip 02747
4. NAICS Code 621910	6. Brief description of the character of business conducted in Rhode Island Ambulance Transport				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol Mansfield			Vice-President Name Carol Mansfield		
Street Address 8 Hi On A Hill Road			Street Address 8 Hi On A Hill Road		
City Mattapoisett	State MA	Zip 02739	City Mattapoisett	State MA	Zip 02739
Secretary Name Carol Mansfield			Treasurer Name Carol Mansfield		
Street Address 8 Hi On A Hill Road			Street Address 8 Hi On A Hill Road		
City Mattapoisett	State MA	Zip 02739	City Mattapoisett	State MA	Zip 02739
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carol Mansfield			Director Name		
Street Address 8 Hi On A Hill Road			Street Address		
City Mattapoisett	State MA	Zip 02739	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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 herein are true and correct.					
Name of Authorized Representative Carol Mansfield					Date 2/12/21
Signature of Authorized Representative <i>Carol Mansfield</i>					