



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

BY

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1. Entity ID Number 000788757		2. Exact name of the Corporation Coastline Emergency Medical Services, Inc.			
3. Principal Office Address 500 Taunton Avenue, P.O. Box 14069			City East Providence	State RI	Zip 02914-1615
4. NAICS Code 621910		6. Brief description of the character of business conducted in Rhode Island Ambulance Transport			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Carol Mansfield			Vice-President Name Carol Mansfield		
Street Address 360 Faunce Corner Road			Street Address 360 Faunce Corner Road		
City Dartmouth	State MA	Zip 02747	City Dartmouth	State MA	Zip 02747
Secretary Name Carol Mansfield			Treasurer Name Carol Mansfield		
Street Address 360 Faunce Corner Road			Street Address 360 Faunce Corner Road		
City Dartmouth	State MA	Zip 02747	City Dartmouth	State MA	Zip 02747
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Carol Mansfield			Director Name		
Street Address 360 Faunce Corner Road			Street Address		
City Dartmouth	State MA	Zip 02747	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 200	CLASS/SERIES STK	PAR VALUE 0.0100
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>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov