



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

FEB 19 2021

1083 OF

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

1. Entity ID Number 000191615		2. Exact name of the Corporation LIBERTY CORPORATION			
3. Principal Office Address 515 WATERMAN AVENUE			City EAST PROVIDENCE	State R.I.	Zip 02914
4. NAICS Code 621910		6. Brief description of the character of business conducted in Rhode Island NON EMERGENCY MEDICAL TRANSPORTATION			
5. State of Incorporation RHODE-ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANDREW WILLIAMS			Vice-President Name		
Street Address 515 WATERMAN AVE			Street Address		
City E. PROVIDENCE	State R.I.	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		100,000		STK	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 ANDREW WILLIAMS					Date 2/15/21
Signature of Authorized Representative <i>[Handwritten Signature]</i>					