State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000122575

2. Name of Corporation Rhode Island Disaster Medical Assistance Team, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

813212

4. Principal Office Address

No. and Street: 50 BARNETT LANE
City or Town: WEST GREENWICH State: RI Zip: 02817 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE FIELD TEAMS FOR THE ASSESSMENT, TRIAGE AND DELIVERY OF EMERGENCY MEDICAL CARE IN SUPPORT OF LOCAL EMERGENCY MEDICAL SERVICES AS A UNIT OF THE UNITED STATES NATIONAL DISASTER MEDICAL SYSTEM.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS LAWRENCE	81 VICTORY HIGHWAY WEST GREENWICH, RI 02817 US
TREASURER	CHERYL LAWRENCE	81 VICTORY HWY WEST GREENWICH, RI 02817 USA
SECRETARY	BROOKE A LAWRENCE	134-4 SHARPE ST WEST GREENWICH, RI 02817 USA
DIRECTOR	JACK ST JEAN	703 MANVILLE WOONSOCKET, RI 02895 USA
DIRECTOR	KEVIN ANSLEY	74 SWEET MEADOW CRANSTON, RI 02920 USA
DIRECTOR	SCOTT MARCOTTE	630 WEAVER HILL ROAD COVENTRY, RI 02816 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

THOMAS LAWRENCE 50 BARNETT LANE WEST GREENWICH , RI 02817

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2021 at 12:04:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BROOKE A. LAWRENCE
Signature of Authorized Person

Form No. 631
Revised 09/07

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