



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. 000057002

2. Name of Corporation EXETER EMERGENCY DISPATCH CENTER, 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

4. Principal Office Address

No. and Street: 669 TEN ROD ROAD

P.O. BOX 653

City or Town: EXETER

State: RI

Zip: 02822

Country: USA

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

FIRE AND RESCUE DISPATCHING

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
TREASURER	KIMBERLY CATHERINE ST ONGE	104 CLEARVIEW DRIVE NORTH KINGSTOWN, RI 02852 US

PRESIDENT	SCOTT KETTELE	5 JAMES PLACE EXETER, RI 02822- USA
VICE PRESIDENT	ROBERT FRANKLIN	365 NOOSENECK HILL RD. EXETER, RI 02822 USA
DIRECTOR	ROBERT FRANKLIN	365 NOOSENECK HILL RD. EXETER, RI 02822 USA
DIRECTOR	SCOTT KETTELE	5 JAMES PLACE EXETER, RI 02822 USA
DIRECTOR	KIMBERLY CATHERINE ST ONGE	104 CLEARVIEW DRIVE NORTH KINGSTOWN, RI 02852 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**

SCOTT KETTELE 669 TEN ROD ROAD P.O. BOX 653 EXETER , RI 02822

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

**Signed this 2 Day of October, 2021 at 9:25:44 AM 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 KIMBERLY C ST. ONGE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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