



**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: February 1 - May 1

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: 2022

1. Corporate ID No. 000033873

2. Name of Corporation HOPE VALLEY AMBULANCE SQUAD, 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: 5 FAIRVIEW AVENUE
City or Town: HOPE VALLEY State: RI Zip: 02832 Country: USA

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

EMERGENCY MEDICAL SERVICES

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	PATRICK HAWKINS	2 SAWMILL DRIVE HOPE VALLEY, RI 02832 USA
TREASURER	ALYSSA FOX	21 MECHANIC ST

		HOPE VALLEY, RI 02832 USA
CHIEF	DANIEL E SHERMAN	1115B MAIN ST HOPE VALLEY, RI 02832 USA
DEPUTY CHIEF	GEORGE SHERMAN	1060 MAIN ST HOPE VALLEY, RI 02832 USA
VICE PRESIDENT	KEVIN MATSON	14 GIBLIN LANE COVENTRY, RI 02832 USA
DIRECTOR	PATRICK HAWKINS	2 SAWMILL DRIVE HOPE VALLEY, RI 02832 USA
DIRECTOR	KEVIN MATSON	14 GIBLIN LANE COVENTRY, RI 02816 USA
DIRECTOR	ALYSSA FOX	21 MECHANIC STREET HOPE VALLEY, RI 02832 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**

RICHARD A. KENNEY 5 FAIRVIEW AVENUE P.O. BOX 205 HOPE VALLEY , RI 02832

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

Signed this 21 Day of January, 2022 at 11:27:12 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 SANDIE L MYERS
Signature of Authorized Person

Form No. 631
Revised 09/07

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