



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

MAR 10 2023

BY

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1. Entity ID Number 152810		2. Exact name of the Corporation ACCESS AMBULANCE SERVICE, INC.			
3. Principal Office Address 290 Armistice Boulevard		City Pawtucket		State RI	Zip 02861
4. NAICS Code 621910	6. Brief description of the character of business conducted in Rhode Island Ambulance and wheelchair transportation and all other lawful business				
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 Gary R. Reis			Vice-President Name Gary R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Gary R. Reis			Treasurer Name Gary R. Reis		
Street Address 86 Naushon Road			Street Address 86 Naushon Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary R. Reis			Director Name None		
Street Address 86 Naushon Road			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			170		Common
					PAR VALUE
					No Par Value
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 Gary R. Reis					Date 2/28/23
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov