



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 57663

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

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov