



**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: 2023

1. Corporate ID No. 001708123

2. Name of Corporation Scituate Emergency Medical Services, 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

624230

4. Principal Office Address

No. and Street: 124 MAIN MAIN ST.

P.O. BOX 201

City or Town: HOPE

State: RI

Zip: 02831

Country: USA

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

THE PURPOSE OF THE CORPORATION IS TO PROVIDE EMERGENCY MEDICAL SERVICES TO RESIDENTS IN THE TOWN OF SCITUATE AND PROVIDE EMERGENCY TRANSPORTATION OF THE SICK AND INJURED TO MEDICAL FACILITIES.

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	DAVID MCENERY	43 MELROSE ST. CRANSTON, RI 02901 USA
TREASURER	DENISE PRATA	17 HIGHLAND DRIVE COVENTRY, RI 02816 USA
SECRETARY	CHRISTINE KNEEBONE	43 RALSTON ST. WARWICK, RI 02888 USA
VICE PRESIDENT	ANDREW GAGNON	4 HOLLY LANE CUMBERLAND, RI 02864 USA
DIRECTOR	DAVID MCENERY	43 MELROSE ST. CRANSTON, RI 02910 USA
DIRECTOR	BRIAN DINOBILE	88 MAIN ST., PO BOX 202 HOPE, RI 02831 USA
DIRECTOR	ARMAND NIQUETTE	89 HOWARD ST. COVENTRY, RI 02831 USA
DIRECTOR	ALFRED DEPINA	140B JACKSON FLAT RD. HOPE, RI 02831 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**

THERESE M. PICARD, ESQ. 1020 PARK AVENUE, SUITE 102 CRANSTON , RI 02910

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 March, 2023 at 5:12:08 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 THERESE M. PICARD
Signature of Authorized Person

Form No. 631
Revised 09/07