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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000026734

2. Name of Corporation ASHAWAY AMBULANCE ASSOCIATION, INC.

3. State of Incorporation

State: RI

NAICS CODE

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
621910

4. Principal Office Address

No. and Street: PO BOX 96
City or Town: ASHAWAY State: RI Zip: 02804 Country: USA

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

EMERGENCY MEDICAL SERVICES AND TRANSPORTATION TO HOSPITALS

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	JODI PERRIN	4 PINE TERRACE WESTERLY, RI 02891 USA
TREASURER	ERIC PERRIN	4 PINE TERRACE WESTERLY, RI 02891 USA
TREASURER	ERIC PERRIN	14 PINE TERRACE WESTERLY, RI 02891 USA
SECRETARY	KEVIN M BEAULIEU	14 NUTMEG DRIVE WESTERLY, RI 02891 USA
CHIEF	NICHOLAS L VETELINO	15 SAUNDRA DRIVE WESTERLY, RI 02891 USA
DIRECTOR	MICHAEL GARDELLA	149 ALTON BRADFORD ROAD BRADFORD, RI 02808 USA
DIRECTOR	RICHARD STOCKMAN	72 HIGH ST ASHAWAY, RI 02804 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

JAMES FRINK HIGH STREET P.O. BOX 96 ASHAWAY , RI 02804

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

Signed this 17 Day of March, 2024 at 2:12:06 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 TRACY DESANTIS
Signature of Authorized Person

Form No. 631
Revised 09/07