



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

APR 01 2024

BY

1. Entity ID Number 000797615		2. Exact name of the Corporation LIBERTY CORPORATION												
3. Principal Office Address 515 WATERMAN AVENUE			City EAST PROVIDENCE	State RI	Zip 02914									
4. NAICS Code 62		6. Brief description of the character of business conducted in Rhode Island NON EMERGENCY MEDICAL TRANSPORTATION												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name ANDREW WILLIAMS			Vice-President Name											
Street Address 515 WATERMAN AVENUE			Street Address											
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100000</td> <td>STK</td> <td>0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100000	STK	0.0100			
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100000	STK	0.0100												
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 ANDREW WILLIAMS				Date 3/29/2024										
Signature of Authorized Representative 														