



**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.** 001707920

**2. Name of Corporation** Cumberland EMS Foundation

**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

813990

**4. Principal Office Address**

No. and Street: 45 BROAD STREET

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

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

THE PURPOSE OF THE FOUNDATION SHALL BE TO PROVIDE AND SUPPORT  
EMERGENCY MEDICAL SERVICES EDUCATION, RESEARCH, AND EQUIPMENT,  
WHERE APPROPRIATE, RELATED TO IMPROVING OUT-OF-HOSPITAL EMERGENCY  
MEDICAL SERVICES TO THE TOWN OF CUMBERLAND, R.I.

**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
DIRECTOR	TIMOTHY DRAPER	45 BROAD STREET CUMBERLAND, RI 02864 US
DIRECTOR	ERNEST LABBE	45 BROAD STREET CUMBERLAND, RI 02864 USA
DIRECTOR	JOHN PLIAKAS	45 BROAD STREET CUMBERLAND, RI 02864 US

**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**

JOHN PLIAKAS 45 BROAD STREET CUMBERLAND , RI 02864

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

**Signed this 2 Day of May, 2024 at 1:06:51 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 JOHN N PLIAKAS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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