

**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.** 000028618**2. Name of Corporation** CHARLESTOWN AMBULANCE AND RESCUE SERVICE, 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

624230**4. Principal Office Address**No. and Street: 4891 OLD POST RDCity or Town: CHARLESTOWNState: RIZip: 02813Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**EMERGENCY MEDICAL TRANSPORTATION FOR THE SICK AND INJURED**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	BETHANY GINGERELLA	4891 OLD POST ROAD CHARLESTOWN, RI 02813 USA
SECRETARY	RICH LUTZ	4891 OLD POST RD CHARLESTOWN, RI 02813 USA
CHIEF OF DEPARTMENT	ANDREW D KETTLE	4891 OLD POST RD CHARLESTOWN, RI 02813 USA
DIRECTOR	STEPHEN MCCANDLESS	4891 OLD POST ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	LISA SCHIPRITT	14 NARROW LANE CHARLESTOWN, RI 02813 USA
DIRECTOR	ALAN ALI	4891 OLD POST ROAD CHARLESTOWN, RI 02813 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

MARY MACARI 4891 OLD POST ROAD P.O. BOX 346 CHARLESTOWN , RI 02813

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

Signed this 9 Day of May, 2024 at 11:20:13 AM 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 ANDREW D KETTLE
Signature of Authorized Person

Form No. 631
Revised 09/07

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