



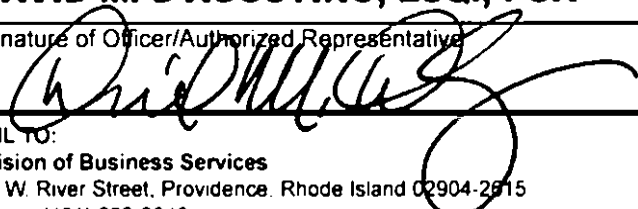
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS ESD
24 MAY 14 PM 1:19:54

1. Entity ID Number 000030996		2. Exact name of the Corporation SCITUATE AMBULANCE AND RESCUE CORPS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island VOLUNTEER AMBULANCE AND RESCUE SERVICE			
4. NAICS Code 621910					
6. Principal Office Address 1003 DANIELSON PIKE			City NORTH SCITUATE	State RI	Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PHILIP J. DE SIMONE			Vice-President Name ALBERT OUELLETTE		
Street Address 128 MIDVALE AVENUE			Street Address 637 ELMDALE ROAD		
City CRNSTON	State RI	Zip 02920	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name GORDON BRIGGS			Treasurer Name CLAIRE CONNORS		
Street Address 12 JASMINE LANE			Street Address 112 SOUTH KILLINGLY ROAD		
City JOHNSTON	State RI	Zip 02919	City FOSTER	State RI	Zip 02825
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALBERT OUELLETTE			Director Name GORDON BRIGGS		
Street Address 637 ELMDALE ROAD			Street Address 12 JASMINE LANE		
City NORTH SCITUATE	State RI	Zip 02857	City JOHNSTON	State RI	Zip 02919
Director Name PHILIP J. DE SIMONE			Director Name		
Street Address 128 MIDVALE AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative DAVID M. D'AGOSTINO, ESQ., POA					Date MAY 14, 2024
Signature of Officer/Authorized Representative 					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 14 2024

BY HQVIT
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