



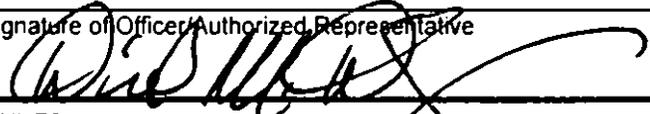
State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2019

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.

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

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

MAY 14 2024  
BY HQVIP  
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