



**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. 000527738

2. Name of Corporation RHODE ISLAND METRO EMS ASSOCIATION, 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

813920

4. Principal Office Address

No. and Street: 913 BROADWAY

City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

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

TO SERVE THE EMERGENCY MEDICAL SERVICE COMMUNITY BY: ENCOURAGING THE DEVELOPMENT AND IMPLEMENTATION OF SOUND POLICIES AND PROCEDURES FOR THE EMERGENCY MEDICAL SERVICE (EMS) COMMUNITY. ACTING AS A CLEARINGHOUSE FOR INFORMATION ON COMPREHENSIVE EMS ISSUES. PROVIDING A FORUM FOR CREATIVE AND INNOVATIVE PROBLEM SOLVING ON EMS ISSUES. ADVOCATING FOR STANDARDS FOR EMS SERVICES AND PROVIDERS. FOSTERING INFORMED DECISION-MAKING ON PUBLIC POLICY PERTAINING TO EMS. ESTABLISHING ALLIANCES BETWEEN ANY AND ALL RHODE

ISLAND EMS AGENCIES FOR THE EXCHANGE OF IDEAS OF MUTUAL INTEREST AND CONCERN.

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	JOHN H POTVIN	99 RESERVOIR RD COVENTRY, RI 02816 USA
TREASURER	RAYMOND MEDEIROS	48 BELCOURT AVE NORTH PROVIDENCE, RI 02911 USA
SECRETARY	RAYMOND MEDEIROS	48 BELCOURT AVE NORTH PROVIDENCE, RI 02911 USA
VICE PRESIDENT	JASON UMBENHAUER	111 VETERANS MEMORIAL DRIVE WARWICK, RI 02886 USA
DIRECTOR	LEO KENNEDY	43 BEVERLY CIR GREENVILLE, RI 02828 USA
DIRECTOR	ROBERT DEANGELIS	1835 MINERAL SPRING AVE NORTH PROVIDENCE, RI 02904 US
DIRECTOR	SEAN THOMPSON	15 WOOD AVE LINCOLN , RI 02865 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**

JOHN H. POTVIN 913 BROADWAY EAST PROVIDENCE , RI 02914

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

Signed this 18 Day of July, 2024 at 2:45:22 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 H. POTVIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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