



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
24 OCT 15 PM 12:21:13

Annual Report for the year: 2024

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 122575	2. Exact name of the Corporation Rhode Island Disaster Medical Assistance Team, Inc				
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Provide Field teams for the assessment, triage and delivery of Emergency Medical Care in an Emergency.				
4. NAICS Code 813212					
6. Principal Office Address 50 Barnett Lane		City West Greenwich	State RI	Zip 02817	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas A. Lawrence		Vice-President Name			
Street Address 81 Vivtory Highway		Street Address			
City W Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name Brooke A. Lawrence		Treasurer Name			
Street Address 134-4 Sharpe St		Street Address			
City W Greenwich	State RI	Zip 02817	City	State	Zip
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 Scott Marcotte		Director Name Kevin Ansley			
Street Address 50 Barnett Lane		Street Address 74 Sweet Meadow			
City W Greenwich	State RI	Zip 02816	City Cranston	State RI	Zip 02920
Director Name Jck R St Jean		Director Name			
Street Address 703 Manville Road		Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Brooke A. Lawrence				Date 11OCT24	
Signature of Officer/Authorized Representative 					

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

FILED

OCT 15 2024
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AA. 12:22pm.

FORM 631- Revised. 12/2023