



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 19 2025

BY: [Signature]  
RECEIVED  
DEPT. OF STATE  
BUS. SVCS. DIV.

1. Entity ID Number <u>000797615</u>		2. Exact name of the Corporation <u>LIBERTY CORPORATION</u>	
3. Principal Office Address <u>515 WATERMAN AVENUE</u>		City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>
Zip <u>02914</u>		6. Brief description of the character of business conducted in Rhode Island <u>NON EMERGENCY MEDICAL TRANSPORTATION</u>	
4. NAICS Code <u>62</u>		5. State of Incorporation <u>RHODE ISLAND</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ANDREW WILLIAMS</u>		Vice-President Name	
Street Address <u>515 WATERMAN AVE</u>		Street Address	
City <u>EAST PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02914</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>100,000</u>	CLASS/SERIES <u>STX</u>
			PAR VALUE <u>0.0100</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <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>			
Name of Authorized Representative <u>ANDREW WILLIAMS</u>		Date <u>5/15/25</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:  
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