

**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 2025: 2025**1. Corporate ID No.** 000026734**2. Name of Corporation** ASHAWAY AMBULANCE 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: PO BOX 96City or Town: ASHAWAY State: RI Zip: 02804 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**EMERGENCY MEDICAL SERVICES AND TRANSPORTATION TO HOSPITALS**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	JODI PERRIN	4 PINE TERRACE WESTERLY, RI 02891 USA
TREASURER	ERIC PERRIN	4 PINE TERRACE WESTERLY, RI 02891 USA
SECRETARY	KEVIN M BEAULIEU	14 NUTMEG DRIVE WESTERLY, RI 02891 USA
CHIEF	NICHOLAS L VETELINO	15 SAUNDRA DRIVE WESTERLY, RI 02891 USA
DIRECTOR	MICHAEL GARDELLA	149 ALTON BRADFORD ROAD BRADFORD, RI 02808 USA
DIRECTOR	CURT DUMAS	1 CEDAR KNOLL DR. ASHAWAY, RI 02891 USA
DIRECTOR	LUCAS PITYER	122 HIGH ST. APT 2 WESTERLY, RI 02891 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

JAMES FRINK HIGH STREET P.O. BOX 96 ASHAWAY , RI 02804

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

Signed this 4 Day of August, 2025 at 5:03:26 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 NICHOLAS L VETELINO
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved