State of Rhode Island Fee: \$2			Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S			
	Providence RI 029			
1630	(401) 222-30	40		
Non-Profit Corporation				
Annual Report				
Filing Period: February 1 - May	/ I			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.				
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR <b>2</b>	<b>024</b> : <u>2024</u>		
1. Corporate ID No. 00002	29969			
2. Name of Corporation THE WESTERLY AMBULANCE CORPS. Inc.				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kn	dropdown will	
NAICS Code				
<u>624230</u>				
4. Principal Office Address				
No. and Street: 30 CHES	TNUT STREET			
City or Town: WESTER		te: <u>RI</u> Zip: <u>02891</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Island		
AMBULANCE AND EMER	GENCY DISPATCH SERV	/ICE.		
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	Addı		
<u> </u>	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country	

PRESIDENT	DAWN E SMITH	65 ASHAWAY ROAD HOPKINTON , RI 02804 USA
TREASURER	MICHAEL T BRANCATO	15 HOLLY DRIVE WESTERLY, RI 02891 USA
SECRETARY	KAREN MCGRATH-SCARCELLO	12 BENEFIT STREET WESTERLY, RI 02891 USA
VICE PRESIDENT	MARK S MELASON	10 NORTH STUART STREET WESTERLY, RI 02891 USA
DIRECTOR	RACHAEL A JONES	30 SHAWONDASSEE DRIVE STONINGTON, CT 06378 USA
DIRECTOR	STEPHEN R COFONE	4 WOMPAG ROAD WESTERLY, RI 02891 USA
DIRECTOR	JOHN J TURANO	7 IROQOUIS AVENUE 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

JOHN J. TURANO, ESQ. 30 CHESTNUT STREET WESTERLY , RI 02891

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

## Signed this 1 Day of February, 2024 at 10:48:22 AM 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 MICHAEL T BRANCATO

Signature of Authorized Person

Form No. 631 Revised 09/07

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