State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
** 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.*

1. Corporate ID No.	2. Name of Corporation		
30530	Woonasquatucket Valley Firemens League		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	PO Box 63	Foster	02825
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Promote fire prevention & fire safety

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Larry Goodnough	PO Box 63	Foster	RI	02825

Vice President Name	Street Address	City	State	Zip
David Giamarco	PO Box 63	Foster	RI	02825

Secretary Name	Street Address	City	State	Zip
Thomas Walden	PO Box 63	Foster	RI	02825

Treasurer Name	Street Address	City	State	Zip
Will Paul	PO Box 63	Foster	RI	02825

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
Leonard Anthony	PO Box 63	Foster	RI	02825

Director Name	Street Address	City	State	Zip
Sharon Cotter	PO Box 63	Foster	RI	02825

Director Name	Street Address	City	State	Zip
Dennis Charland	PO Box 63	Foster	RI	02825

Director Name	Street Address	City	State	Zip
George Leach	PO Box 63	Foster	RI	02825

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

File Date	FILED
Check No.	MAY 18 2009
By:	By 276

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John Walden — 5/13/09
Signature of Officer — *Date*

Thomas Walden
Print or Type Name of Officer

Secretary
Title of Officer

Form 631 Rev. 09/17