



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. 29186		2. Name of Corporation Warren Fire Department/ Rescue Squad			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 1 Joyce Street		City Warren	Zip 02885
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Volunteer Fire Company and Rescue Squad					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alexander R. Galinelli			Vice President Name None		
Street Address 1 Joyce Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Alexander R. Galinelli			Director Name Carolyn O'Brien		
Street Address 1 Joyce Street			Street Address 1 Joyce Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Tracy Wazecha			Director Name		
Street Address 1 Joyce Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
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

29186

File Date	FILED
Check No.	MAY 19 2009
By:	By 2901
FOR SECRETARY OF STATE USE ONLY	

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.

Alexander R. Galinelli 5-13-09
Signature of Officer Date

Alexander R. Galinelli

Print or Type Name of Officer

Fire Chief

Title of Officer