

A. Ralpb 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

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

penaity jee of \$25.00.							
1. Corporate 1D.No. 2. Number Corporation BRIDGE VOLUNTEER FIRE DEPT.							
3. State of Incorporation RUODE ISLAND	4. Corporate address in Ri	bode Island - Street Address	28ET	BRISTOL	<b>Q210</b> 09		
5. Foreign corporation. Enter principal office address			Сііу	State	Zip		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  VOLUNTARY PROTECTION OF EIFE AND PROPERTY IN THE COMMUNITY							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHM Presignt Name  SEFERY MASSEY			Vice President Name  PASSWATER				
Street Address A86 JUNSON STREET			Street Address 36 AUDET STREFT				
TIVERTON	RI	02878	TWERTON	State R.C.	O 2878		
SECOLUTION BARMER			Treasurer Name STEPHEN BARKER				
Street Address CONSTITUTION STREET			Street Address Constitution STREET				
BRISTOL	State RI	028 09	Bristol	State <b>L</b> I	<u>۵۵</u> هره		
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 ALEX F. COTE			Director Name STEPHEN BARKER				
Street Address 67 WAMPANOG LANE			Street Address 68 CONSTITUTION STREET				
TIVERTON	State RI	O18 18	Briston	State Q	02809		
			Director Name	•			
Street Address 36 AUDET STREET			Street Address				
TIVERTON O REGISTERED AGENT IN	State RI RHODE ISLAND	01873 01873	City	State	Zip		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.F.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							

File Date FILED	
Check No. MAY 2 7 2009	
By 450 509 FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm th	at I have examined this
report, including any accompanying schedules and	d statements, and that all
statements contained berein are true and correct.	1 -1
State Barker 5	25/09
Signature of Officer	Date
STEPHEN BARKER	
Print or Type Name of Officer	
Print or Type Name of Officer SECRETARY TREASURI	ER
Title of Officer	
	Form 631 Rev. 09/17