

A. Ralpb Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615

401.222.3040

Prov

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. Name of Corporation 29242 RHOBE ISLAND ASSOC. OI FIRE CHIEFS 3. State of Incorporation Corporate address in Rhode Island Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island, SAFETY, TRAINING, MUTUAL AID TO PROMOTE FIREFIGHTERS HEMITH SAFETY, TRAINING, MUTUAL AID EDUCATION AND ALL PHASES OF EMERCENCY MANAGEMETUT? 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name GEORGE FARRELL CHIEF Street Address ICTON Zip 02891 CHIET 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) \Box 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 CHIE CHIEF Street Address Street Address WARR Director Name Director Name CHIET Street Address Street Address State City State Ζip JUMBERLAND 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

| File Date | FILED |
|-----------|--------------------------------|
| Check No | JUN 0 5 2009 |
| Ву: | By 1954 |
| F | OR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and affirm that I have examined this |
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| report, including any accompanying schedules and statements, and that all |
| statements contained herein are true and correct. |

Signature of Officer Date

DONALD ARDITU

TREASURER
Title of Officer