



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. 29055		2. Name of Corporation SNUG HARBOR VOLUNTEER FIRE ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address PO BOX 45		City SOUTH KINGSTOWN	Zip 02880-0045
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 PROTECTION OF LIFE AND PROPERTY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HILDING MUNSON			Vice President Name RAYMOND XAVIER		
Street Address 123 GOOSEBERRY RD			Street Address 40 AMANCIO ST		
City SOUTH KINGSTOWN	State RI	Zip 02879	City SOUTH KINGSTOWN	State RI	Zip 02879
Secretary Name RAYMOND WROBEL			Treasurer Name PETER CURLEY		
Street Address 77 ATLANTIC ST			Street Address 138 HULL ST		
City SOUTH KINGSTOWN	State RI	Zip 02879	City SOUTH KINGSTOWN	State RI	Zip 02879
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION 3					
Director Name PETER SCHOFIELD JR			Director Name ALLEN STEDMAN		
Street Address 38 HILL RD			Street Address 428 GOOSEBERRY RD		
City SOUTH KINGSTOWN	State RI	Zip 02879	City SOUTH KINGSTOWN	State RI	Zip 02879
Director Name ROBERT AMAOTT			Director Name		
Street Address 24 BLISS RD			Street Address		
City SOUTH KINGSTOWN	State RI	Zip 02879	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

FILED	
File Date	DEC 09 2009
Check No.	
By: 1584	
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.

Hilding T. Munson 12/7/09
Signature of Officer Date
HILDING T. MUNSON
Print or Type Name of Officer
PRESIDENT
Title of Officer