

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 200 401.222.3

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

to a penalty fee of \$25.00.					
1. Corporate ID No. 26/78	2. Name of Corporation LAKE MIS		Fire & Rescue	CO.	
3. State of Incorporation R. T.	4. Conporate address in Rhode Island - Street Address 166 MIShNOCK Rd			west Greenwi	Zip
5. Foreign corporation. Enter principal office address			City	State	Zip
President Name	S OF THE OFFICER		CHMENT) TILL IN SPACE VICE President Name Gallie	S BEFORE USING ATTAC	CHMENTS
RoBert K. Thornton Street Address 5 Park Lane			Street Address 301 Gawnacky Drive		
CovertRy	State RI	^{Zip} 02816	Chanston	Stage KI	Zip Ο 2 9 2 O
SANDRA TYLLIR			William Barlow		
Street Address 19113 Patriot Way			Street Address 44 Taggyin Court		
West Greenwich 8. Names and addresses	State RI	2ip 02817	west warnick	State	^{zip} 02893
THE NUMBER OF DIRECTO Director Name ROBETT THOS	ORS OF A DOMEST	IC (RHODE ISLAND	Director Name	es before using attac ot be less than thre "40 &	CHMENTS <u>E (3)</u> . R.I.G.L. 7-6-23
Street Address 5 Paris have			Street Address 44 Ja vavin COURT		
Coventry	SURI	02817	WYST WOLWICK	State C	Z0c 2817
CHIEF- CLAUDE N TYLER III			Director Name		
19113 Patriot WAY			Street Address		
West Greenwied	1	21p	City	State	Zψ
9. REGISTERED AGENT IN 1 Agent Name	RHODE ISLAND - £	O NOT ALTER - Cha	anges require filing of Fort	m 641 - R.I.G.L. 7-6-13 /	7-6-78
Address			CHy	$Z\psi$	
This report must	be signed by either	he President, Vice Pr	esident, Secretary, Assistant S	Scuretary, Treasurer, Rece	iver or Trustee

	report, including
File Date FILED	statement genta Robert
Check NoDEC 1 0 2009	Signature of Office Robert
FOR SECRETARY OF STATE USE ONLY	Prins or Type Na
	Title of Officer

of perjury. I declare and affirm that I have examined this g any accompanying schedules and statements, and that all ained herein are true and correct.