

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

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. /-6-94, each corporation failing or refusing to file its penalty fee of \$25.00.	annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a	
1. Corporate ID No. 2. Name of Corporation		
26588 HOPE VALLEY VUL	INTEER FIRE ASSOCIATION ING	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Rhode Island - STREET	DA B ~ 25 11 0~ 14 1171 ~ 2832	
5. Foreign corporation. Enter principal office address	TO BOX 25 HOPE VALLEY 02832	
San to privation that privation office duties	Cay State Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla	nd	
Volunteer Fire Department		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHS	물리 사료하게 되는 생각 보내는 사람들이 가는 사람들은 그는 그는 그는 그는 하나라 하는 사람들이 하는 수 있는 것을 하는 사람들이 되었다.	
President Name Tohn Vuono	Vice President Name MIKE DENIGER	
Street Address	Street Address	
PO BOX 152	Po Box 25	
CHY RXVILLE RI 02873	HOPE VALLEY SLAVE RI 02832	
Secretary Name KAITLYW FOLEY	Treasurer Name JASON CASUELL	
Street Address 20 WILLOW DRIVE	95 CANONCHET ROAD	
HOPE VALLY State RI 02832 8. NAMES AND ADDRESSES OF THE DIRECTORS: (** BOX FOR ATTACK	HOPE VACCEY State PT 02832	
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	Director Name	
NICK IANNONE	JOHN VOONO	
Street Address 20 VILLOW DEINE	Street Address PO BOX 152	
HOPE LAURY State RI 02832	CHY ROXVILLE STATE PI 02873	
MIKE DENIGER	Director Name KAITLYN FOLEY	
Sircel Address BOX 25	Street Address Box 25 20 WILLOW DRIV	
HOPE VALLEY SLAVE RI 04832 9. REGISTERED AGENT IN RHODE ISLAND	HOPE VALLY SLAVER I 02832	
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	dent, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	
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	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, /
File Date	(hoon)
JUL 2 1 2011	Signature of Officer Date
Check No.	Tason Casuell
By	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer
	Title of Officer