



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**

Filing Fee: \$20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID No. 551451		2. Exact name of the Corporation Hopkins Hill Firefighters IAFF Local 4824			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Local firefighters union			
5. Principal office address 1 Bestwick Trail		City Coventry	State RI	Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Rapose		Vice-President Name Sean Crute			
Street Address 9 Gilles St		Street Address 18 Nichole Ln			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Raymond McGillivray		Treasurer Name Same as Secretary			
Street Address 57 Princeton Ave		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael Rapose		Director Name Sean Crute			
Street Address 9 Gilles St		Street Address 18 Nichole Ln			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Raymond McGillivray		Director Name			
Street Address 57 Princeton Ave		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY JUN 07 2012

Form No. 631
Revised: 05/2012

BY 109

FILED

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.

Raymond McGillivray 6-5-2012
 Signature of Officer Date

Raymond McGillivray
 Print or Type Name of Officer
Secretary / Treasurer
 Title of Officer