

Revised: 05/2012

## 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.

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation				
28502	Middleto	Middletown Rescue Wagon Association				
3. State of Incorporation	4. Brief des	cription of the characte	er of business conducted in Rhode I	sland		
Rhode Island			s for the Middletown Fire D			
5. Principal office address 239 Wyatt Road			City <b>Middletown</b>	State RI	Zip <b>02842</b>	
		RESSES) ("X" BOX F	OR'ATTACHMENT)			
President Name  Joseph Mitchell			Vice-President Name  Brian DeFreitas			
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.			
City <b>Middletown</b>	State RI	Zip <b>02842</b>	City <b>Middletown</b>	State RI	Zip 02842	
Secretary Name James Gruczka			Treasurer Name Jonathan Reese			
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.			
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City Middletown	State RI	Zip <b>02842</b>	
	THE SAME AND AND	íresses). Rhóde (s	LAND CORPORATIONS NAMED I	estates in the second		
Director Name Thomas Reed			Director Name Peter Faerber			
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.			
City Middletown	State RI	Zip <b>02842</b>	City Middletown	State RI	Zip <b>5.</b> 02842	
Director Name Rebecca Fisher			Director Name			
Street Address 239 Wyatt Rd.			Street Address			
City <b>Middletown</b>	State RI	Zip <b>02842</b>	City	State	Zip S	
8. NEALSTERN EVALUATION						
This information is curre	ently of record in th	e Office of the Secret	ary of State, Changes require fills	ng Form 641.	177	

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. JAN 1 8 2013 1/16/2013 Signature of Officer Date Jonathan D. Reese CHECKEY CHESTATEUSE ONLY Print or Type Name of Officer Treasurer Form No. 631

Title of Officer