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.	2. Exact name of the Corporation
28502	**Middletown Rescue Wagon Association**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **Support of Rescue trucks for the Middletown Fire Department**

5. Principal office address	City	State	Zip
239 Wyatt Road	**Middletown**	**RI**	**02842**

6. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Joseph Mitchell	**Brian DeFreitas**
Street Address: **239 Wyatt Rd.**	Street Address: **239 Wyatt Rd.**
City: **Middletown** State: **RI** Zip: **02842**	City: **Middletown** State: **RI** Zip: **02842**
Secretary Name	**Treasurer Name**
James Gruczka	**Jonathan Reese**
Street Address: **239 Wyatt Rd.**	Street Address: **239 Wyatt Rd.**
City: **Middletown** State: **RI** Zip: **02842**	City: **Middletown** State: **RI** Zip: **02842**

7. DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST AT LEAST THREE DIRECTORS. ☐

Director Name	Director Name
Thomas Reed	**Peter Faerber**
Street Address: **239 Wyatt Rd.**	Street Address: **239 Wyatt Rd.**
City: **Middletown** State: **RI** Zip: **02842**	City: **Middletown** State: **RI** Zip: **02842**
Director Name	**Director Name**
Rebecca Fisher	
Street Address: **239 Wyatt Rd.**	Street Address:
City: **Middletown** State: **RI** Zip: **02842**	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.

2013 JAN 18 A 9:27 RECEIVED SECRETARY OF STATE

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

FILED

JAN 18 2013

BY

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.

1/16/2013
Signature of Officer — Date

Jonathan D. Reese
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012