



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 2011

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. 26593		2. Exact name of the Corporation Hopkins Hill Road Volunteer Fire Department			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island NON profit Volunteer & professional fire department			
5. Principal office address 1 Bestwick Trl		City Coventry		State RI	Zip 02816
President Name Dan McAloon		Vice-President Name Chris Moore			
Street Address 70 Hunter's Crossing dr		Street Address 52 Loarraine Ave			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Tom Winemiller		Treasurer Name Eric Kiernan			
Street Address 228 Allen Ave		Street Address 220 Groveland Ave			
City Wakefield	State RI	Zip 02879	City Warwick	State RI	Zip 02886
Director Name Dan McAloon		Director Name Chris Moore			
Street Address 1 Bestwick TRI		Street Address 1 Bestwick trl			
City Coventry	State RI	Zip 02816	City Covetry	State RI	Zip 02816
Director Name Tom Winemiller		Director Name Eric Kiernan			
Street Address 1 Bestwick Trl		Street Address 1 Bestwick trl			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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

FILED
FEB 06 2013

File Date _____
Check No _____
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.

Signature of Officer

Date

DAN MCALOON

Print or Type Name of Officer

President

Title of Officer