



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

2013 FEB 6 AM 11:15  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**6. 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** *189412*  
 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.

*DS*  
 Signature of Officer \_\_\_\_\_ Date *2/4/13*  
**DAN MCALOON**  
 Print or Type Name of Officer  
**President**  
 Title of Officer