



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 2013.

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. 09056		2. Exact name of the Corporation Snug Harbor Volunteer Fire Association Ladies Aux.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Help the volunteer firemen from the Snug Harbor Fire Station of the Union Fire District 5K.			
5. Principal office address 50 Hartford Ave			City Wakefield	State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elsie Hall			Vice-President Name BARBARA FRACASSA		
Street Address 17 Sherman Rd			Street Address 50 Hartford Ave		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Beverly Allen			Treasurer Name FRANCES R SHERMAN		
Street Address 145 High St - Apt A			Street Address 77 Hull Street		
City Westerly	State RI	Zip 02891	City Wakefield	State RI	Zip 02879
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 Elsie Hall			Director Name BARBARA FRACASSA		
Street Address 17 Sherman Rd			Street Address 50 Hartford Ave		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Beverly Allen			Director Name FRANCES R SHERMAN		
Street Address 145 High St - Apt A			Street Address 77 Hull Street		
City Westerly	State RI	Zip 02891	City Wakefield	State RI	Zip 02879
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 BY _____

FILED

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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: FRANCES R. SHERMAN Date: 5/7/13

Print or Type Name of Officer: FRANCES R SHERMAN

Title of Officer: TREASURER