

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
121128	Oakland Ma	Oakland Mapleville Fire Department				
3. State of Incorporation	4. Corporate add	dress in Rhode Island - Street A	Address	City	Zip	
Rhode Island	46 Oakland	School Street		RI	02839	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the char	acter of the affairs whic	b are actually conducted in Ri	bode Island			
Volunteer Fire Departm	ent, provide Fire l	Protection, EMS and rel	ated support Services			
- MARKE AND ADDRE	eene op tue oe	TCUDE. (**** DOV DOD 4	TTACHMENT) [FILL IN SPA	CES REFORE USING	ATTACHMENTS	
7. NAMES AND ADDRE President Name	SSES OF THE OF	FICERS: (A BOA FOR A.	Vice President Name	CES DEI ONE OSINO		
Paul Juneau			William Smith			
Street Address			Street Address			
Whipple Avenue			Lynne Lane			
City	State	Zip	City	State	Zip	
Oakland	RI	02858	Mapleville	RI	02839	
Secretary Name			Treasurer Name			
Lori Poirier			Michael J. McGrane			
Street Address			Street Address		·	
Joslin Road			1505 Broncos Highway			
City	State	Zip	City	State	Zip	
Glendale	RI	02826	Glendale	RI	02826	
			ATTACHMENT) TILL IN SP.			
THE NUMBER OF DIRE	ECTORS OF A DO	MESTIC (RHODE ISLA		NOT BE LESS THAN	THREE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Paul Juneau			William Smith			
Street Address			Street Address			
Whipple Avenue			Lynne Lane			
City	State	Zip	City	State	Zip	
Oakland	RI	02858	Mapleville	RI	02839	
Director Name			Director Name			
Lori Poirier			Michael J. McGrane			
Street Address			Street Address			
Joslin Road	T ::-		1505 Broncos Hig		Zip	
City	State	Zip	City	State	02826	
Glendale	RI	02826	l Glendale	RI	02020	
9. REGISTERED AGENT This information is current			of State. Changes require filing	of Form 641 - R.I.G.L.	7-6-13/7-6-78	
Th:	ha alamad har	aith an the President Vie	Dracidant Sacratary Acciet	ant Secretary Treasure	r Receiver or Trustee	

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

■ 121128 FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	statements contained therein are true and correct. Medall France 5/7/13 Si hature of Office Date
Check No. By By:	Michael J. McGrane Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer Title of Officer Form 631 Rev. 09/17