



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. 28321		2. Exact name of the Corporation MATUNUCK VOLUNTEER FIRE ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island FIRE SUPPRESSION AND FIRE PREVENTION			
5. Principal office address 49 MATUNUCK SCHOOLHOUSE RD		City WAKEFIELD	State RI	Zip 02879-6534	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian D. Kleczek			Vice-President Name Ryan Saber		
Street Address 49 Matunuck Schoolhouse Rd			Street Address 49 Matunuck Schoolhouse Rd		
City Wakefield	State RI	Zip 02879-6534	City Wakefield	State RI	Zip 02879-6534
Secretary Name Stephen O'Brien			Treasurer Name Phyllis Neilsen		
Street Address 49 Matunuck Schoolhouse Rd			Street Address 49 Matunuck Schoolhouse Rd		
City Wakefield	State RI	Zip 02879-6534	City Wakefield	State RI	Zip 02879-6534
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 John Neilsen			Director Name Andrew Duckworth		
Street Address 49 Matunuck Schoolhouse Rd			Street Address 49 Matunuck Schoolhouse Rd		
City Wakefield	State RI	Zip 02879-6534	City Wakefield	State RI	Zip 02879-6534
Director Name Matthew Olsen			Director Name Daniel Secone		
Street Address 49 Matunuck Schoolhouse Rd			Street Address 49 Matunuck Schoolhouse Rd		
City Wakefield	State RI	Zip 02879-6534	City Wakefield	State RI	Zip 02879-6534
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: _____

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FILED

JUN 07 2013

BY 2373

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.

Brian D. Kleczek 06/5/2013
 Signature of Officer Date

Brian D. Kleczek

Print or Type Name of Officer

President

Title of Officer