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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.	2. Exact name of the Corporation
111263	**Block Island Volunteer Fire & Rescue Department (Inc.)**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Fight fires,respond to alarms and provide emergency medical & ambulance service to residents and non-residents on Block Island.**

5. Principal office address	City	State	Zip
Beach Ave. PO Box 781	**Block Island**	**RI**	**02807**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Tristan Payne			**Peter Gempp**		
Street Address			Street Address		
PO Box 781			**PO Box 832**		
City	State	Zip	City	State	Zip
Block Island	**RI**	**02807**	**Block Island**	**RI**	**02807**
Secretary Name			Treasurer Name		
Sara S. Turenne			**Michael Lofaro**		
Street Address			Street Address		
PO Box 1882			**PO Box 388**		
City	State	Zip	City	State	Zip
Block Island	**RI**	**02807**	**Block Island**	**RI**	**02807**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
John R. Mott			**John A. Jacobsen**		
Street Address			Street Address		
PO Box 355			**PO Box 273**		
City	State	Zip	City	State	Zip
Block Island	**RI**	**02807**	**Block Island**	**RI**	**02807**
Director Name			Director Name		
Vincent McAloon					
Street Address			Street Address		
PO Box 935					
City	State	Zip	City	State	Zip
Block Island	**RI**	**02807**			

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

FILED
JUN 17 2013
BY 3509

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: **6-14-2013**

Michael Lofaro
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012
93663-7-870128