



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 121128		2. Exact name of the Corporation Oakland Mapleville Fire Department			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Volunteer Fire and EMS Department			
5. Principal office address 46 Oakland School Street		City Oakland		State RI	Zip 02858
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name William Williams		Vice-President Name Richard Pouliot			
Street Address Gazza Road		Street Address Casino Avenue			
City Mapleville	State RI	Zip 02839	City Mapleville	State RI	Zip 02839
Secretary Name Lori Poirier		Treasurer Name Michael J. McGrane			
Street Address Joslin Road		Street Address 1505 Broncos Highway			
City Glendale	State RI	Zip 02826	City Glendale	State RI	Zip 02826
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name William Williams		Director Name Richard Pouliot			
Street Address Gazza Road		Street Address Casino Avenue			
City Mapleville	State RI	Zip 02839	City Mapleville	State RI	Zip 02839
Director Name Michael J. McGrane		Director Name			
Street Address 1505 Broncos Highway		Street Address			
City Glendale	State RI	Zip 02826	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

FILED

MAY 05 2014

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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.

Michael J. McGrane

May 3, 2014

Signature of Officer or Authorized Representative

Date

Michael J. McGrane, Treasurer

Print or Type Name of Officer or Authorized Representative