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.	2. Exact name of the Corporation
121128	**Oakland Mapleville Fire Department**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Volunteer Fire and EMS Department**

5. Principal office address	City	State	Zip
46 Oakland School Street	**Oakland**	**RI**	**02858**

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

President Name			Vice-President Name		
William Williams			**Richard Pouliot**		
Street Address			Street Address		
Gazza Road			**Casino Avenue**		
City	State	Zip	City	State	Zip
Mapleville	**RI**	**02839**	**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**

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		
William Williams			**Richard Pouliot**		
Street Address			Street Address		
Gazza Road			**Casino Avenue**		
City	State	Zip	City	State	Zip
Mapleville	**RI**	**02839**	**Mapleville**	**RI**	**02839**
Director Name			Director Name		
Michael J. McGrane					
Street Address			Street Address		
1505 Broncos Highway					
City	State	Zip	City	State	Zip
Glendale	**RI**	**02826**			

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

File Date: MAY 05 2014
Check No: 617
By:
FOR SECRETARY OF STATE USE ONLY

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

Form No. 631
Revised: 04/2014