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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

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
134861	**Scituate Fire & Rescue Engineering Board**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Review and setting policy for fire and rescue departments in North Scituate, Hope, Jackson and Chopmist Hill fire departments.**

5. Principal office address	City	State	Zip
P.O. Box 123	**North Scituate**	**RI**	**02857**

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

President Name	Street Address	City	State	Zip
Adam Hebert	**P.O. Box 123**	**Scituate**	**RI**	**02857**

Vice-President Name	Street Address	City	State	Zip
Donald Campbell	**P.O. Box 123**	**Scituate**	**RI**	**02857**

Secretary Name	Street Address	City	State	Zip
Kerri Dexter	**P.O. Box 123**	**Scituate**	**RI**	**02857**

Treasurer Name	Street Address	City	State	Zip
Kerri Dexter	**P.O. Box 123**	**Scituate**	**RI**	**02857**

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

Director Name	Street Address	City	State	Zip
Adam Hebert	**P.O. Box 123**	**Scituate**	**RI**	**02857**

Director Name	Street Address	City	State	Zip
Donald Campbell	**P.O. Box 123**	**Scituate**	**RI**	**02857**

Director Name	Street Address	City	State	Zip
Peter Cugini	**P.O. Box 123**	**Scituate**	**RI**	**02857**

Director Name	Street Address	City	State	Zip
None				

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 2 0 2014
BY 1010

File Date _____
Check No _____
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.

Adam Hebert 5/15/14
Signature of Officer or Authorized Representative Date

Adam Hebert
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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