



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 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. 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 <u>MUST</u> 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: _____

FOR SECRETARY OF STATE USE ONLY

BY 2430

FILED

JUN 06 2014

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

Signature of Officer

06/8/2014

Date

Brian D. Kleczek

Print or Type Name of Officer

President

Title of Officer