



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000026588

2. Name of Corporation HOPE VALLEY VOLUNTEER FIRE ASSOCIATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P. O. BOX 25
City or Town: HOPE VALLEY State: RI Zip: 02832 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

FIRE COMPANY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN VUONO	61 CAMP YAWGOOG ROAD ROCKVILLE, RI 02873 USA
TREASURER	JUSTIN LEE	PO BOX 162 ROCKVILLE, RI 02873 USA
SECRETARY	EMMA TOMPSON	PO BOX 1007

		HOPEVALLEY , RI 02832 USA
VICE PRESIDENT	MICHAEL DENIGER	PO BOX 407 BRADFORD , RI 02808 USA
DIRECTOR	CHRISTOPHER STRAIGHT	5 MEUNIER DR HOPEVALLEY , RI 02873 USA
DIRECTOR	JOHN R VUONO	PO BOX 152 ROCKVILLE, RI 02873 USA
DIRECTOR	KIETH WILLIAMS	400 SHUMANKANUC RD CHARLESTOWN, RI 02813 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

HOPE VALLEY VOLUNTEER FIRE ASSOCIATION, INC. 996 MAIN STREET P.O. BOX 25 HOPE VALLEY , RI 02832

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of June, 2014 at 6:25:51 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JOHN VUONO
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved