



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. 27959		2. Exact name of the Corporation Little Compton Volunteer Fire Department			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island A volunteer fire department.			
5. Principal office address P.O. Box 552		City Little Compton	State R.I.	Zip 02837	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jack Crook		Vice-President Name Bruce Shippee			
Street Address 40 Bramblewood Cross		Street Address 81 Pottersville Road			
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
Secretary Name Douglas Crook		Treasurer Name Maureen Cook			
Street Address 461 West Main Road		Street Address 42 Long Highway			
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jack Crook		Director Name Lt. Bruce Shippee			
Street Address 40 Bramblewood Cross		Street Address 81 Pottersville Road			
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
Director Name Lt. Graham Brewster		Director Name Chief Douglas Crook			
Street Address 19 Taylors Lane South		Street Address 461 West Main Road			
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
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

JUN 12 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.

File Date _____
 Check No _____
 By: 3242 _____
FOR SECRETARY OF STATE USE ONLY

Jack Crook _____ **2 June '14**
 Signature of Officer or Authorized Representative Date

Jack Crook, President LCVFD
 Print or Type Name of Officer or Authorized Representative