



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. 000537741

2. Name of Corporation West Greenwich Fire & Rescue Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 733 VICTORY HWY

City or Town: WEST GREENWICH

State: RI

Zip: 02817

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

TO PROVIDE FIRE RESCUE RELATED SERVICES TO THE MEMBERS OF THE TOWN OF WEST GREENWICH

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK D CARY	95 MOUNT VIEW AVE NORHT KINGSTOWN, RI 02852 USA
TREASURER	KEITH H KENYON	15 HESSPAR DR WESTERLY, RI 02891 USA

VICE PRESIDENT	GILBERT MEDEIROS	831 MAIN AVE WARWICK, RI 02886 USA
DIRECTOR	GILBERT MEDEIROS	831 MAIN AVE WARWICK, RI 02886 USA
DIRECTOR	MARK D CARY	95 MOUNT VIEW AVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	KEITH H KENYON	15 HESSPAR DR WESTERLY, RI 02891 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**

KEITH H. KENYON 733 VICTORY HIGHWAY WEST GREENWICH , RI 02817

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

Signed this 26 Day of August, 2014 at 4:16:28 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 KEITH H. KENYON
Signature of Authorized Person

Form No. 631
Revised 09/07