



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: 2015

1. Corporate ID No. 000026349

2. Name of Corporation DUNN'S CORNERS FIRE DEPARTMENT

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1 LANGWORTHY ROAD

City or Town: WESTERLY

State: RI Zip: 02891 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

VOLUNTEER FIRE PROTECTION SERVICES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOSEPH MILLER	49 LEDWARD AVENUE, APT 2 WESTERLY, RI 02891 USA
TREASURER	DOMINIQUE WELLS	222 POST RD UNIT 5D WESTERLY, RI 02891 USA
SECRETARY	THOMAS POWERS	15 EGRET LN

		WESTERLY, RI 02891 USA
VICE PRESIDENT	JEFFERY THOMAS	36B SPRINGBROOK RD WESTERLY, RI 02891 USA
DIRECTOR	MICHAEL FRINK	96 SOUTH WOODY HILL ROAD WESTERLY, RI 02891 USA
DIRECTOR	KEITH KENYON	15 HESSPAR DR WESTERLY, RI 02891 USA
DIRECTOR	CARL JOHNSON IV	18 LINKS PASSAGE 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

JOSEPH MILLER 1 LANGWORTHY ROAD WESTERLY , RI 02891

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

Signed this 8 Day of May, 2015 at 8:06:13 AM 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 MICHAEL FRINK
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved