

**A. Ralph Mollis**, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. penalty fee of \$25.00.	7-6-94, each corporat	tion 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	
1. Corporate ID No.	2. Name of Corporation					
31607	Bradford Fire District					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
Rhode Island	42 Granite Str	reet		Westerly	02891	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the characte	er of the affairs which a	re actually conducted in Ri	bode Island	t	1	
Fire Protection						
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	ES OF THE OFFIC	ERS: ("X" BUX FUR A	TTACHMENT) TILL IN SP.	ACES BEFORE USING ALL	ACHMEN'S 22	
President Name			Vice President Name		# P	
Frank N. Manfredi			Contract de de la contraction		- 50 Pr / /	
Street Address 169 Bradford Road			Street Address			
City	State	Zip	City	State	Zip OC	
Bradford	RI	02808	ĺ		登 300	
Secretary Name			Treasurer Name 99 97			
Street Address			Street Address 33			
City	State	Zip	City	State	Zip	
O MAMBO AND ADDRESS		TOBS. ("V" POV FOR	   ATTACHMENT)	ACES DEFODE LISTNE ATT	FACHMENTS	
		-				
Director Name	ORS OF A DOME	SITC (KHODE 13EA	Director Name	D) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23		
Frank A. Manfredi Street Address			Street Address	Jamie A. Sullivan, Fire Chief		
169 Bradford Road			11 Laudone Drive			
City	State	Zip	City	State	Zip	
Bradford	RI	02808	Bradford	RI	02808	
Director Name	[73]	102000	Director Name		102000	
Mark S. Berardo, Clerk	Appt.		Virginia Abruzzese, Tax Collector			
Street Address	• •		Street Address			
131 Woody Hill Road			39 North Capalbo Drive			
City	State	Zip	City	State	Zip	
Bradford	RI 02808		Bradford	RI	02808	
9. REGISTERED AGENT IN	RHODE ISLAND	•		•	•	
This information is currently	of record in the O	ffice of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-78	
This report mu	st he signed by eith	ner the President Vic	e President, Secretary, Assist	tant Secretary Treasurer R	eceiver or Trustee	
ims report mu	st be signed by citi		ED	min occiciary, ricustroi, R	occitor of flusion	

<b>=</b> 31607	Hader penalty of perjury, I declare and affirm that I have examined this referr, including any accompanying schedules and statements, and that all
File DateCZ:	statements contained herein are transaction of 26/15  Signature of Officer  Date
By: AIO SNOILV BOARDS FOR SECREMENTS BOARDS	Print or Type Name of Officer  ASENT  Title of Officer  Form 631 Rev. 09/17