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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 2015

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.	2. Exact name of the Corporation
29133	THE WALLUM LAKE FIRE DEPT
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	FIRE SUPPRESSION AND CIVIC ACTIVITIES

5. Principal office address	City	State	Zip
546 S MAIN ST / PO BOX 354	PASCOAG	RI	02859

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
BRIAN MATHIEU	JUSTIN LEPINE
Street Address: RESIVOIR RD	Street Address: 255 ROUND TOP RD
City: PASCOAG, State: RI, Zip: 02859	City: HARRISVILLE, State: RI, Zip: 02830
Secretary Name	**Treasurer Name**
ROBERT BISHOP	ROBERT BISHOP
Street Address: 546 S MAIN ST	Street Address: 546 S MAIN ST
City: PASCOAG, State: RI, Zip: 02859	City: PASCOAG, State: RI, Zip: 02859

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
JIM THOMPSON	SUZ FIORVELLI
Street Address: MAIN ST	Street Address: CAMP DIXIE RD
City: HARRISVILLE, State: RI, Zip: 02830	City: PASCOAG, State: RI, Zip: 02859
Director Name	**Director Name**
DAVE BISHOP	
Street Address: TOWNSMAN WAY	Street Address:
City: MAPLEVILLE, State: RI, Zip: 02839	City: , State: , Zip:

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 19 2015
BY 548

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.

Robert A Bishop 6/17/15
Signature of Officer or Authorized Representative Date

ROBERT A BISHOP
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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