



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. 27836		2. Exact name of the Corporation GENEVA VOLUNTEER FIRE COMPANY, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island VOLUNTEER FIRE COMPANY			
5. Principal office address 1264 DOUGLAS AVENUE		City NORTH PROVIDENCE	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH NOTARANTONIO III		Vice-President Name WALTER CHARELLO			
Street Address 451 SMITHFIELD ROAD		Street Address 36 PLEASANT VIEW AVENUE			
City NO. PROVIDENCE	State RI	Zip 02904	City NO. PROVIDENCE	State RI	Zip 02904
Secretary Name DAVID H. GIAMMARCO, JR.		Treasurer Name DENNIS F. REALL			
Street Address 38 CARRIAGE WAY		Street Address 87 BROWN AVENUE			
City NO. PROVIDENCE	State RI	Zip 02904	City NO. PROVIDENCE	State RI	Zip 02911
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 LEONARD A. ALBANESE		Director Name BERNARD V. DINOBILE			
Street Address 60 CUSHING STREET		Street Address 121 LEXINGTON AVENUE			
City NO. PROVIDENCE	State RI	Zip 02904	City NO. PROVIDENCE	State RI	Zip 02904
Director Name WILFRED LEMIRE		Director Name			
Street Address 15 PARK STREET		Street Address			
City NO. PROVIDENCE	State RI	Zip 02904	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

FILED

JUN 29 2015

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative

Date

DAVID H. GIAMMARCO, JR.

Print or Type Name of Officer or Authorized Representative