

## 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.

27836		ne of the Corporation				
	GENEVA	GENEVA VOLUNTEER FIRE COMPANY, INC.				
E1000						
3. State of Incorporation			r of business conducted in Rhode Island			
RHODE ISLAND	VOLUNI	EER FIRE COMP	ANY			
5. Principal office address 1264 DOUGLAS AVENUE			City NORTH PROVIDENCE	State <b>RI</b>	Zip 02904	
LUST ALL OFFICERS (NA	MES AND ADDE	RESSES) P. C. BOX F.	RATINGHASITI 🗆	34 99 50 50 50 51		
President Name			Vice-President Name			
JOSEPH NOTARANTONIO III			WALTER CHARELLO			
Street Address 451 SMITHFIELD ROAD			Street Address 36 PLEASANT VIEW AVENUE			
City NO. PROVIDENCE	State RI	Zip <b>02904</b>	NO. PROVIDENCE	State RI	Zip <b>02904</b>	
Secretary Name			Treasurer Name			
DAVID H. GIAMMARC	O, JR.		DENNIS F. REALL			
Street Address			Street Address 87 BROWN AVENUE			
8 CARRIAGE WAY			City State Zip			
City NO. PROVIDENCE	State RI	Zip <b>02904</b> `	NO. PROVIDENCE	RI	02911	
			BERNARD V. DINOBILE			
Street Address 60 CUSHING STREET			Street Address 121 LEXINGTON AVENUE			
Street Address 60 CUSHING STREET City	State	Zip	Street Address 121 LEXINGTON AVENUE City	State	Zip	
60 CUSHING STREET	State RI	Zip 02904	Street Address 121 LEXINGTON AVENUE City NO. PROVIDENCE		Zip <b>02904</b>	
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City NO.PROVIDENCE Director Name NILFRED LEMIRE Street Address 15 PARK STREET City NO. PROVIDENCE L REGISTERED AGENT IN IT In Information is currently this report must be signed by a Trustee  File Date Check No	State RI RINODE ISLAND y of record in the	Zip 02904  De Office of the Secret lent, Vice-President, Se	Street Address 121 LEXINGTON AVENUE City NO. PROVIDENCE Director Name Street Address City City Under penalty of perjury, I de this report, including any acc and that all statements conta	State RI  State  State  Fm 641.  Clare and affine companying sined herein sined si	Depresentative Received No. O. T. And that I have examine the dules and statement true and correct.	

Form No. 631 Revised: 04/2014