



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. 27625		2. Exact name of the Corporation Bradford Volunteer Fire Company			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island fire department			
5. Principal office address 5 North Main Street		City Bradford	State R.I.	Zip 02808	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Deniger Sr.			Vice-President Name Kevin Tarbox		
Street Address 61 Lauri Drive			Street Address 108 Bowling Lane		
City Charlestown	State R.I.	Zip 02813	City Bradford	State R.I.	Zip 02808
Secretary Name Brittaney Sullivan			Treasurer Name William Lamb		
Street Address 33 Pond street			Street Address 4 Sherman Avenue		
City Westerly	State R.I.	Zip 02808	City Kenyon	State R.I.	Zip 02836
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 Jamie Sullivan			Director Name Harold Ellis Sr.		
Street Address 11 Laudone Drive			Street Address 9 North Main Street		
City Bradford	State R.I.	Zip 02808	City Bradford	State R.I.	Zip 02808
Director Name William Briggs Jr.			Director Name		
Street Address 58 Bowling Lane			Street Address		
City Bradford	State R.I.	Zip 02808	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

JUL 13 2015

BY 1278

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.

Jamie Sullivan 7-08-15
 Signature of Officer or Authorized Representative Date

Jamie Sullivan
 Print or Type Name of Officer or Authorized Representative