



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation 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 penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000113818

2. Name of Corporation Rhode Island Southern Firemen's League

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 996 MAIN STREET

PO BOX 25

City or Town: HOPE VALLEY

State: RI

Zip: 02832

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

MUTUAL AID, JOINT TRAINING, RADIO COMMUNICATIONS, PURCHASING OF EQUIPMENT AND THE JOINT PURCHASE OF INSURANCE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	BETHANY GINGERELLA	996 MAIN ST P.O.BOX 25 HOPE VALLEY, RI 02832 USA
PRESIDENT	FREDERICK A STANLEY	996 MAIN STREET, P.O. BOX 25

DIRECTOR	FREDERCK A. STANLEY	HOPE VALLEY, RI 02832- USA 996 MAIN STREET PO. BOX 25 HOPE VALEEEY, RI 02832 USA
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**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

HOPE VALLEY-WYOMING FIRE DISTRICT 996 MAIN STREET P.O. BOX 25 HOPE VALLEY , RI
02832

**9. This report must be signed by either the President, Vice President, Secretary, Assistant
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

Signed this 20 Day of July, 2015 at 10:58:41 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By FREDERICK J. SHERMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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