



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

28400 The Oakland Beach Volunteer Fire Company
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address

RHODE ISLAND 645 OAKLAND BEACH AVENUE
5. Foreign corporation. Enter principal office address City

City: WARWICK Zip: 02889
State: RI

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.

PRIVATE CLUB WITH AUXILIARY-SPONSOR LOCAL CHARITIES AND SPORT TEAMS

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: RONALD MANFREDO
Street Address: 3070 WEST SHORE RD
City: WARWICK State: RI Zip: 02886

Vice President Name: WILLIAM BUONI
Street Address: 68 LOBAN ST
City: WARWICK State: RI Zip: 02886

Secretary Name: THOMAS FISHER
Street Address: 70 BARRERE AVE
City: WARWICK State: RI Zip: 02889

Treasurer Name: ROBERT HUTCHINSON
Street Address: 227 ARLINGTON AVE
City: WARWICK State: RI Zip: 02886

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN THE SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name: J. Solcum
Street Address: 258 CHURCH AVE
City: WARWICK State: R.I. Zip:

Director Name: MIKE FISHLOCKE
Street Address: 6 SHAMROCK
City: WARWICK State: RI Zip: 02886

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name: ROBERT J. HUTCHINSON
Address: 645 OAKLAND BEACH AVENUE
City: WARWICK Zip: 02886

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 8 4 0 0 *

6-11-03

File Date

Check No. 10592

By [Signature]

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] 6/9/03
Signature of Officer Date

RONALD MANFREDO
Print or Type Name of Officer

President
Title of Officer