



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2014

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
121128		Oakland Mapleville Fire Department			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Volunteer Fire and EMS Department			
5. Principal Office Address		City	State	Zip	
46 Oakland School Street		Oakland	RI	02858	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard Jalette		Vice-President Name Aaron Doughty			
Street Address Victory Highway		Street Address Chapel Street			
City Mapleville	State RI	Zip 02839	City Harrisville	State RI	Zip 02830
Secretary Name Jacqueline Casale		Treasurer Name Michael J. McGrane			
Street Address Pond Street		Street Address Broncos Highway			
City Oakland	State RI	Zip 02858	City Glendale	State RI	Zip 02826
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Richard Jalette		Director Name Aaron Doughty			
Street Address Victory Highway		Street Address Chapel Street			
City Mapleville	State RI	Zip 02839	City Harrisville	State RI	Zip 02839
Director Name Michael J. McGrane		Director Name			
Street Address Broncos Highway		Street Address			
City Glendale	State RI	Zip 02826	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Michael J. McGrane				Date May 13, 2016	
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED

MAY 16 2016

BY

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