RI SOS Filing Number: 201698965840 Date: 05/17/2016 11:40 AM

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: 2016

1. Corporate ID No. 000551451

2. Name of Corporation Hopkins Hill Firefighters IAFF Local 4824

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1 BESTWICK TRAIL
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: CANTERBURY State: CT Zip: 06331 Country: UNI

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

WE ARE UNIONIZED EMPLOYEES WITH THE HOPKINS HILL FIRE DISTRICT AND WERE TOLD BY COVENTRY CREDIT UNION WE NEED TO BE INCOPERATED TO OPEN A BANK ACCOUNT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	RAYMOND M MCGILLIVRAY	39 AYERS DRIVE CANTERBURY, CT 06331 USA
TRESURER	RAYMOND M MCGILLIVRAY	39 AYERS DRIVE

0-9343-0

	MCGILLIVRA	CANTERBURY, CT 06331 USA
DIRECTOR	MICHAEL J RAPOSE	9 GILLES ST COVENTRY, RI 02816 USA
DIRECTOR	SEAN CRUTE	18 NICHOLE LN COVENTRY, RI 02816 USA
DIRECTOR	RAYMOND M MCGILLIVRAY	39 AYERS DRIVE CANTERBURY, CT 06331 USA

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

MICHAEL RAPOSE 9 GILLES STREET COVENTRY , RI 02816

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

Signed this 17 Day of May, 2016 at 11:40:45 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 RAYMOND M MCGILLIVRAY
Signature of Authorized Person

Form No. 631
Revised 09/07