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: 2016

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
681856	Chopmist Hill Volunteer Fire Dept. Inc
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Volunteer Fire + EMS

5. Principal Office Address	City	State	Zip
1362 Chopmist Hill Road	N. Scituate	RI	02857

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
Samuel Mooney	Scott Kell
Street Address: 540 Central Pike	Street Address: 78 Oxford Ave
City: No. Scituate, State: RI, Zip: 02857	City: Woonsocket, State: RI, Zip: 02895
Secretary Name: Richard A. Blaine Jr	Treasurer Name: Alyssa M. Fiore
Street Address: 264 Rockland Rd.	Street Address: 1092 Chopmist Hill Road
City: NO. Scituate, State: RI, Zip: 02857	City: Scituate, State: RI, Zip: 02857

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	Director Name
Samuel Mooney	Keith Brown
Street Address: 540 Central Pike	Street Address: 406 Snake Hill Rd
City: No. Scituate, State: RI, Zip: 02857	City: N. Scituate, State: RI, Zip: 02857
Director Name: Richard A. Blaine Jr	Director Name:
Street Address: 264 Rockland Rd.	Street Address:
City: N. Scituate, State: RI, Zip: 02857	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.

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

Name of Officer/Authorized Representative	Date
Richard A. Blaine Jr.	6/2/2016

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

Customer ID#: h711a7

FILED
JUN 06 2016
BY 0900 RS

Form No. 631
Revised: 2016