



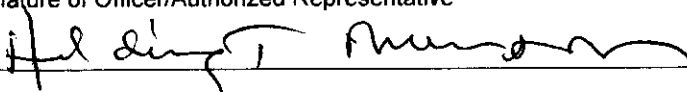
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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			
29055		Snug Harbor Volunteer Fire Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Fire Department			
5. Principal Office Address		City	State	Zip	
17 Bliss Rd. P.O. Box 45		South Kingstown	RI	02880-0045	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Hilding T. Munson			Vice-President Name Frederick Ancona		
Street Address 123 Gooseberry Rd.			Street Address 99 Spring St.		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Allen Stedman			Treasurer Name Timothy Littlefield		
Street Address 428 Gooseberry Rd.			Street Address 6 Point Av.		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Hilding T. Munson			Director Name Frederick Ancona		
Street Address s/a			Street Address s/a		
City	State	Zip	City	State	Zip
Director Name Allen Stedman			Director Name Timothy Littlefield		
Street Address s/a			Street Address s/a		
City	State	Zip	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 Hilding T. Munson				Date 5/20/2016	
Signature of Officer/Authorized Representative 					

FILED

JUN 06 2016

By KL 1956