



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

Annual Report for the year: 2016
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JUL -8 PM 12:06

1. Entity ID Number 26593		2. Exact name of the Corporation Hopkins Hill Road Volunteer Fire Department	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island	
5. Principal Office Address 1 Bestwick Trail		City Coventry	State RI Zip 02816
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christopher Moore		Vice-President Name Michael Fabrizio	
Street Address 1 Bestwick Trail		Street Address 1 Bestwick Trail	
City Coventry	State RI	Zip 02816	City Coventry State RI Zip 02816
Secretary Name Melissa Burdick		Treasurer Name Gregory Pecchia	
Street Address 1 Bestwick Trail		Street Address 1 Bestwick Trail	
City Coventry	State RI	Zip 02816	City Coventry State RI Zip 02816
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 Erie Sartwell		Director Name Christopher Moore	
Street Address 1 Bestwick Trail		Street Address 1 Bestwick Trail	
City Coventry	State RI	Zip 02816	City Coventry State RI Zip 02816
Director Name Michael Fabrizio		Director Name Gregory Pecchia	
Street Address 1 Bestwick Trail		Street Address 1 Bestwick	
City Coventry	State RI	Zip 02816	City Coventry State RI Zip 02816
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Christopher Moore		Date 7-1-16	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE FILED m	

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MAIL TO:
 Division of Business Services
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