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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.

1. Entity ID Number	To Event nom	- state Company	14 .						
27959		Exact name of the Corporation Little Compton Volunteer Fire Department							
3. State of Incorporation	4. Brief descri	iption of the char	racter of business conducted in Rh	node Island					
R.I.	A volunteer	A volunteer fire department.							
5. Principal Office Address			City	State	Zip				
P.O. Box 552			Little Compton, R.I.	R.I.	02837-0552				
6. List ALL officers (names and	addresses)		Cr	neck the box to inc	dicate an attachment				
President Name Jack Crook			Vice-President Name Bruce Sh	Vice-President Name Bruce Shippee					
Street Address 40 Bramblewo	od Cross			Street Address 81 Pottersville Road					
City Little Compton, R.I.	State R.I.	Zip 02837	City Little Compton, R.I.	State R.I.	^{Zip} 02837				
Secretary Name Douglas Crook			Treasurer Name Maureen Coc	Treasurer Name Maureen Cook					
Street Address 461 West Main Road			Street Address 42 Long Highway						
City Little Compton, R.I.	State R.I.	^{Zip} 02837	City Little Compton, R.I.	State R.I.	^{Zip} 02837				
7. List ALL directors (names and	i addresses). Ri	Corporations MI	UST list at least THREE directors.						
Director Name Jack Crook- President			Director Name Lt. Bruce Ship		indicate an attachment				
Street Address 40 Bramblewood Cross			Street Address 81 Pottersville	Street Address 81 Pottersville Road					
City Little Compton, R.I.	State R.I.	^{Zip} 02837	City Little Compton, R.I.	State R.I.	^{Zip} 02837				
Director Name Lt. Graham Brewster			Director Name Chief Douglas	Director Name Chief Douglas Crook					
Street Address 19 Taylors Lane South			Street Address 461 West Main Road						
City Little Compton, R.I.	State R.I.	^{Zip} 02837	City Little Compton, R.I.	State R.I.	^{Zip} 02837				
8. Registered Agent in Rhode Isl	and. This informa	ition is currently of	record in the Department of State. Cha	anges require filing F					
Under penalty of perjury, I dec statements, and that all statem	lare and affirm	that I have exan	mined this report, including any	accompanying s	chedules and				
			tant Secretary, Treasurer, duly Authorized R	epresentative, Receive	er or Trustee.				
Name of Officer/Authorized Repr	Date								
Jack Crook President L.C.V.				24 June 2016	3				
Signature of Officer/Authorized R				_1					
C/RC-11. 3	PRESIDAN				:				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED &

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FORM 631 - Revised: 05/2016