



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

Annual Report for the year: 2015
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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
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1. Entity ID Number 29458		2. Exact name of the Corporation South Kingstown Forest Fire Service			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Volunteer Fire Service			
5. Principal Office Address 36 School St.			City Wakefield	State RI	Zip 02879
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nathan Street			Vice-President Name Keith Maine		
Street Address 189 Point Judith rd.			Street Address 84 Rocky Brook Way		
City Narragansett	State RI	Zip 02882	City South Kingstown	State RI	Zip 02879
Secretary Name Thomas Distaso			Treasurer Name Michael McGrath		
Street Address 138 River St.			Street Address 224 Hampton Way		
City Wakefield	State RI	Zip 02879	City Wakefield	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 Nathan Street			Director Name Will Pore		
Street Address 189 Point Judith rd.			Street Address 25 Independence Ln		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
Director Name Keith Maine			Director Name		
Street Address 84 Rock Brook Way			Street Address		
City South Kingstown	State RI	Zip 02879	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 Nathan Street				Date 07-25-2016	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

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
 12:00
 AUG 15 2016
 BY *[Signature]* 281384