



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

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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CORPORATIONS DIV.

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1. Entity ID Number <u>29458</u>		2. Exact name of the Corporation <u>South Kingstown Forest Fire Service</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Volunteer Fire Department</u>	
5. Principal Office Address <u>36 School St.</u>		City <u>Wakefield</u>	State <u>RI</u>
		Zip <u>02879</u>	
6. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Nathan Street</u>		Vice-President Name <u>Keith Maine</u>	
Street Address <u>189 Point Judith rd</u>		Street Address <u>89 Rocky Brook Way</u>	
City <u>Narragansett</u>	State <u>RI</u>	City <u>South Kingstown</u>	State <u>RI</u>
Zip <u>02882</u>		Zip <u>02879</u>	
Secretary Name <u>Michael McGrath Pore</u>		Treasurer Name <u>Michael McGrath</u>	
Street Address <u>25 Independence Ln</u>		Street Address <u>224 Hampton Way</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
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 <u>Nathan Street</u>		Director Name <u>Will Pore</u>	
Street Address <u>189 Point Judith rd</u>		Street Address <u>25 Independence Ln</u>	
City <u>Narragansett</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u>
Zip <u>02882</u>		Zip <u>02879</u>	
Director Name <u>Timothy McGrath</u>		Director Name	
Street Address <u>96 Kersey rd.</u>		Street Address	
City <u>Wakefield</u>	State <u>RI</u>	City	State
Zip <u>02879</u>		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 <u>Nathan Street</u>		Date <u>07-25-2016</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

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BY [Signature] 281384

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016