



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.

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 R.I.		4. Brief description of the character of business conducted in Rhode Island Volunteer Fire Department	
5. Principal Office Address 36 School St.		City Wakefield	State RI
		Zip 02879	
6. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. 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 89 Rocky Brook Way	
City Narragansett	State RI	City South Kingstown	State RI
Zip 02882		Zip 02879	
Secretary Name Michael Street Poore		Treasurer Name Michael McGrath	
Street Address 25 Independance Ln		Street Address 224 Hampton Way	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		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 Poore	
Street Address 189 Point Judith rd		Street Address 25 Independance Ln	
City Narragansett	State RI	City Wakefield	State RI
Zip 02882		Zip 02879	
Director Name Timothy McGrath		Director Name	
Street Address 96 Kersey rd.		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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 			

SIGN DOCUMENT HERE

FILED

11:59 AUG 15 2016

BY JLB 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