



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 <u>000070541</u>		2. Exact name of the Corporation <u>Moosup Valley Volunteer Fire Co. #1</u>		
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Fire Fighting</u>		
5. Principal Office Address <u>55 Moosup Valley Road</u>		City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>Robert Larrivee</u>		Vice-President Name <u>Hiedi Rogers</u>		
Street Address <u>50 Cucumber Hill Rd</u>		Street Address <u>60 Cucumber Hill Road</u>		
City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>	City <u>Foster</u>	State <u>RI</u>
Secretary Name <u>Bobby Joe DeBonis</u>		Treasurer Name <u>Carolyn Kentulla</u>		
Street Address <u>170A Plum Woods Road</u>		Street Address <u>51 Moosup Valley Road</u>		
City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>	City <u>Foster</u>	State <u>RI</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>Paul Conniff</u>		Director Name <u>Scott St Jean</u>		
Street Address <u>18-A Banbs Hill Road</u>		Street Address <u>86 Moosup Valley Road</u>		
City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>	City <u>Foster</u>	State <u>RI</u>
Director Name <u>Mike Dexter</u>		Director Name <u>Hesther Bettez</u>		
Street Address <u>52 Moosup Valley Rd</u>		Street Address <u>51A Moosup Valley Road</u>		
City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>	City <u>Foster</u>	State <u>RI</u>
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 <u>Carolyn Kentulla</u>			Date <u>12-13-16</u>	
Signature of Officer/Authorized Representative <u>Carolyn Kentulla Secretary</u>				

FILED

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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By 1186
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Revised: 05/2016