



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


Annual Report for the year: 2017

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 28502		2. Exact name of the Corporation Middletown Rescue Wagon Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support of rescue trucks for the Middletown Fire Department.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 239 Wyatt Rd.		City Middletown	State RI	Zip 02842	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Mitchell			Vice-President Name Brian DeFreitas		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name James Gruczka			Treasurer Name Jonathan Reese		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. 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 Ronald Doire			Director Name Nathan McGillivray		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Elvis DaCamara			Director Name		
Street Address 239 Wyatt Rd.			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
9. 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 Joseph Mitchell				Date 6/2/2017	
Signature of Officer/Authorized Representative 					

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
JUN 05 2017
BY **1015 DS**