



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 113818		2. Exact name of the Corporation Rhode Island Southern Fireman's League			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Mutual Aid, Joint Training, Radio Communications, Purchasing of Insurance and Equipment for Southern Rhode Island Fire Departments			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 996 Main Street - PO BOx 25			City Hope Valley	State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frederick A. Stanley			Vice-President Name Nate Barrington		
Street Address 996 Main Street			Street Address 35 Bill Road		
City Hope Valley	State RI	Zip 02832	City Kingston	State RI	Zip 02881
Secretary Name Christopher Koretski			Treasurer Name Justin Lee		
Street Address 222 Watch Hill Fire District			Street Address 996 Main Street		
City Westerly	State RI	Zip 02891	City Hope Valley	State RI	Zip 02832
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 Robert Peacock			Director Name Nate Barrington		
Street Address 222 Watch Hill Fire Department			Street Address 35 Bill Road		
City Westerly	State RI	Zip 02891	City Kingston	State RI	Zip 02881
Director Name Frederick Stanley			Director Name		
Street Address 996 Main Street			Street Address		
City Hope Valley	State RI	Zip 02832	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 Justin W. Lee				Date 6/5/17	
Signature of Officer/Authorized Representative <i>Justin W. Lee, Treasurer</i>					