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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report for	r the year:				
Non-Profit Corporation						

2017

→ 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	2. Exact nam	2. Exact name of the Corporation						
28321		Matunuck Volunteer Fire Association						
3. State of Incorporation	5. Brief descr	Brief description of the character of business conducted in Rhode Island						
RI	To serve and protect the citizens of South Kingstown and the surrounding area in fire							
4. NAICS Code	protection.							
624230 - Emergency and								
6. Principal Office Address	6. Principal Office Address			State	Zip			
49 Matunuck School House Road			Wakefield	Ri	02879			
7. List ALL officers (names and a	addresses)			heck the box to indicat	e an attachment			
President Name Robert Blease			Vice-President Name Lauren Neilsen					
Street Address 5 Calder Drive			Street Address 29 Dawley Way					
City Warren	State RI	Zip 02885	City Wakefield	State RI	^{Zip} 02879			
Secretary Name Steve Obrien Treasurer Na			Treasurer Name Phyllis Ne	Phyllis Neilsen				
Street Address 20 Auburn Road			Street Address 29 Dawley Way					
^{City} Wakefield	State RI	^{Zip} 02879	City Wakefield	State RI	^{Zip} 02879			
8. List ALL directors (names and	l addres. es). RI (Corporations MUST	list at least THREE directors.	Check the box to ind	icate an attachment			
Director Name Robert Blease			Director Name Lauren Neilsen					
Street Address 5 Calder Drive			Street Address 29 Dawley Way					
^{City} Warren	State RI	Zip 02879	^{City} Wakefield	State RI	^{Zip} 02879			
Director Name Steve Obrien			Director Name Phyllis Neilsen					
Street Address 20 Auburn road			Street Address 29 Dawley Way					
City Wakefield	State RI	^{Zip} 02879	^{City} Wakefield	State RI	^{Zip} 02879			
9. Registered Agent in Rhode Is	land. This informat	tion is currently of reco	ord in the Department of State. Cha	anges require filing Form (341.			
Under penalty of perjury, I destatements, and that all states				accompanying sched	dules and			
This report must be signed by either the	President, Vice-Presid	lent, Secretary, Assistant	Secretary, Treasurer, duly Authorized R	Representative, Receiver or Tr	ustee.			
Name of Officer/Authorized Representative				Date	i			
Robert Blease 6/7/2017								
Signature of Officer/Authorized I	Representative	SigN 00	JUMEN FUEED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

