



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 29056		2. Exact name of the Corporation SNUG Harbor Volunteer Fire Association Ladies Auxiliary	
3. State of Incorporation RJ		5. Brief description of the character of business conducted in Rhode Island Help the fireman, from snug harbor station, of the Union Fire District of South Kingstown	
4. NAICS Code 813990			
6. Principal Office Address 50 Hartford Ave		City Wakefield	State RJ
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Judy Munson		Vice-President Name BARBARA FRANCESCA	
Street Address 123 Gooseberry Rd		Street Address 50 Hartford Ave	
City Wakefield	State RJ	City Wakefield	State RJ
Zip 02879		Zip 02879	
Secretary Name PAT CRANDALL		Treasurer Name FRANCES K SHERMAN	
Street Address 115 Gooseberry Rd		Street Address 77 HULL ST	
City Wakefield	State RJ	City Wakefield	State RJ
Zip 02879		Zip 02879	
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 Judy Munson		Director Name BARBARA FRANCESCA	
Street Address 123 Gooseberry Rd		Street Address 50 Hartford Ave	
City Wakefield	State RJ	City Wakefield	State RJ
Zip 02879		Zip 02879	
Director Name PAT CRANDALL		Director Name FRANCES K SHERMAN	
Street Address 115 Gooseberry Rd		Street Address 77 HULL ST	
City Wakefield	State RJ	City Wakefield	State RJ
Zip 02879		Zip 02879	
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 FRANCES K SHERMAN			Date 7/17/17
Signature of Officer/Authorized Representative <i>Frances K Sherman</i>			

FILED

JUL 20 2017

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