



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

Annual Report for 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 29056		2. Exact name of the Corporation SNUG Harbor Volunteer Fire Association Ladies Auxiliaries		
3. State of Incorporation R.I.		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 R.I.	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 R.I.	Zip 02879	City Wakefield	State R.I.
Secretary Name PAT CRANDALL		Treasurer Name FRANCES K SHERMAN		
Street Address 115 Gooseberry Rd		Street Address 77 HILL ST		
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.
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 R.I.	Zip 02879	City Wakefield	State R.I.
Director Name PAT CRANDALL		Director Name FRANCES K SHERMAN		
Street Address 115 Gooseberry Rd		Street Address 77 HILL ST		
City Wakefield	State R.I.	Zip 02879	City Wakefield	State R.I.
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.				
<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 FRANCES K Sherman				Date 7/17/17
Signature of Officer/Authorized Representative FRANCES K Sherman				

FILED

JUL 20 2017

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