RI SOS Filing Number: 201748037730 Date: 7/28/2017 4:00:00 PM

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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	2 5	- (1) - () - ()					
000100590		Exact name of the Corporation Kingston Volunteer Fire Company					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Serve the community as able and equipped firefighters and to promote fire prevention.						
4. NAICS Code	1			•			
813990 - Other Similar Organiza							
6. Principal Office Address	cipal Office Address			State	Zip		
35 Bills Road			Kingston	RI	02881		
7. List ALL officers (names and ad	dresses)			Check the box to indicate	e an attachment		
President Name Charles Hall			Vice-President Name William Summerly				
Street Address 35 Bills Road			Street Address 35 Bills Road				
City Kingston	State RI	Zip 02881	City Kingsto	State RI	^{Zip} 02881		
Secretary Name Lauren Hannon	Treasurer Name William Crup			rupe Jr			
Street Address 35 Bills Road			Street Address 35 Bills Road				
^{City} Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881		
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST	list at least THREE directors.	Check the how to indic	cate an attachment		
Director Name Charles Hall			Director Name William Sur	Check the box to indicate an attachment Director Name William Summerly			
Street Address 35 Bills Road				Street Address 35 Bills Road			
City Kingston	State RI	^{Zip} 02881	City Kingston	State RI	^{Zip} 02881		
				Director Name William Crupe Jr			
Street Address 25 Bills Road			Street Address 35 Bills Road				
City Kingston	State RI	Zip 02881	City Kingston	State RI	^{Zip} 02881		
9. Registered Agent in Rhode Islan	d. This information	is currently of recor	d in the Department of State. Cha	anges require filing Form 64	11.		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained he	t I have examine rein are true and	d this report, including any discorrect.	accompanying schedu	ules and		
This report must be signed by either the Pres				epresentative, Receiver or Trus	stee.		
Name of Officer/Authorized Representative William Crupe Jr			Date 07/24/2017				
Signature of Officer/Authorized Rep	resentative	Illian	A Con	FILED			

MAIL TO: Division of Business Services

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

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

FQRM631 - Revised: 06/2017