



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

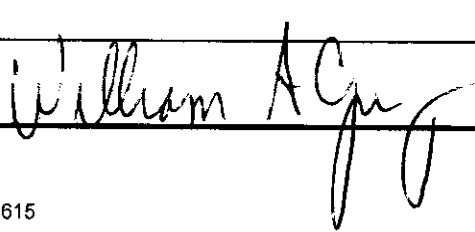
Annual Report for the year: **2017**

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 000100590		2. Exact name of the Corporation Kingston Volunteer Fire Company			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Serve the community as able and equipped firefighters and to promote fire prevention.			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 35 Bills Road		City Kingston		State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate 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 Crupe 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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Charles Hall			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 Lauren Hannon			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 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative William Crupe Jr				Date 07/24/2017	
Signature of Officer/Authorized Representative 					

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

JUL 28 2017
BY 1265 
FORM 631 - Revised: 06/2017