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. Exact name of the Corporation
000100590	**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	City	State	Zip
35 Bills Road	**Kingston**	**RI**	**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	Date
William Crupe Jr	**07/24/2017**

Signature of Officer/Authorized Representative: William A Crupe Jr

FILED
JUL 28 2017
BY 1265

MAIL TO:
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