



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 26593		2. Exact name of the Corporation Hopkins Hill Rd Volunteer Fire Department	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Vol. Fire Dept	
4. NAICS Code 813990			
6. Principal Office Address 1 Bestwick Trail		City Coventry	State RI
		Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christopher Moore		Vice-President Name Dan Burke	
Street Address 1 Bestwick Trail		Street Address 1 Bestwick Trail	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Melissa Burdick		Treasurer Name Greg Pecchia	
Street Address 1 Bestwick Trail		Street Address 1 Bestwick Trail	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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 Christopher Moore		Director Name Melissa Burdick	
Street Address 1 Bestwick Trail		Street Address 1 Bestwick Trail	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Director Name Greg Pecchia		Director Name Dan Burke	
Street Address 1 Bestwick Trail		Street Address 1 Bestwick Trail	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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 Christopher Moore		Date 6-30-17	
Signature of Officer/Authorized Representative 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 AUG 01 2017
FILED
 BY 1889 DS