RI SOS Filing Number: 201868822050 Date: 6/7/2018 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUN -7 AM 10: 51

Annual Report for the year: 2018
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
26493	EAST GREENWICH VETERAN FIREMANS ASSOCIATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: UNITING FIREMEN IN ORDER THAT THEY MAY ATTAIN A GOOD FELLOWSHIP AND OTHER ACCOMPLISHMENTS IN THEIR EVERY DAY LIVING.
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
80 QUEEN STREET	EAST GREENWICH	RI	02818

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President	Secretary	Treasurer
Name	JAMES A. TROIANO	DONALD W. GUILFOYLE, JR.	ROBERT SALVAS	HENRIQUE T. PEDRO
Street Address	88 LAKE GARDEN ST. DRIVE	18 ROBIN HILL ROAD	5300 POST RD., APT. #140	25 LONG ST.
City	CRANSTON	WARWICK	EAST GREENWICH	EAST GREENWICH
State	RI	RI	RI	RI
Zip	02920	02886	02818	02818

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

	Director	Director	Director	Director
Name	JAMES A. TROIANO	HENRIQUE T. PEDRO	ROBERT SALVAS	DONALD W. GUILFOYLE, JR.
Street Address	88 LAKE GARDEN DRIVE	25 LONG ST.	5300 POST RD., APT. #140	18 ROBIN HILL ROAD
City	CRANSTON	EAST GREENWICH	EAST GREENWICH	WARWICK
State	RI	RI	RI	RI
Zip	02920	02818	02818	02886

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
JAMES A. TROIANO, PRESIDENT	5/22/2018

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 07 2018
BY 332164

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

FORM 631 - Revised: 11/2017