



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

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 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 26493		2. Exact name of the Corporation EAST GREENWICH VETERAN FIREMAN'S 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 80 QUEEN STREET			City EAST GREENWICH	State RI	Zip 02818
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES A. TROIANO			Vice President Name DONALD W. GUILFOYLE, JR.		
Street Address 88 LAKE GARDEN ST. DRIVE			Street Address 18 ROBIN HILL ROAD		
City CRAVSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02886
Secretary Name ROBERT SALVAS			Treasurer Name HENRIQUE T. PEDRO		
Street Address 5300 POST RD., APT. #140			Street Address 25 LONG ST.		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
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 JAMES A. TROIANO			Director Name HENRIQUE T. PEDRO		
Street Address 88 LAKE GARDEN DRIVE			Street Address 25 LONG ST.		
City CRAVSTON	State RI	Zip 02920	City EAST GREENWICH	State RI	Zip 02818
Director Name ROBERT SALVAS			Director Name DONALD W. GUILFOYLE, JR.		
Street Address 5300 POST RD., APT. #140			Street Address 18 ROBIN HILL ROAD		
City EAST GREENWICH	State RI	Zip 02818	City WARWICK	State RI	Zip 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.					
<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 JAMES A. TROIANO, PRESIDENT					Date 5/22/2018
Signature of Officer/Authorized Representative <i>[Signature]</i>					

SIGN DOCUMENT HERE
FILED

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

JUN 07 2018

BY CA 332164