



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

Annual Report for the year: **2018**

Non-Profit Corporation

→ Filing period: June 1 - June 30

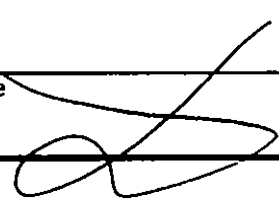
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 18 2018

BY

1. Entity ID Number 000028502		2. Exact name of the Corporation Middletown Rescue Wagon Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support of rescue trucks for the Middletown Fire Department			
4. NAICS Code 813990 - Other Similar Organiz					
6. Principal Office Address 239 Wyatt Road			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Mitchell			Vice-President Name Brian DeFreitas		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name James Gruczka			Treasurer Name Jonathan Reese		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 Peter Faerber			Director Name Nathan McGillivray		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Elvis DaCamara			Director Name		
Street Address 239 Wyatt Rd.			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jonathan Reese - Treasurer				Date 6/13/2018	
Signature of Officer/Authorized Representative 					

MAIL TO:
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