STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 · **This report must be typed or printed legibly.**
Filing Fee: $20.00 · **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
28763	The Prudence Island Volunteer Fire Department

3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Volunteer Fire Department (922160)

5. Principal office address	City	State	Zip
292 Narragansett Avenue	Prudence Island	RI	02872

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Robert Thurber	Tom Russell
Street Address	**Street Address**
0369 Narragansett Avenue	Allen Rd
City / State / Zip: Prudence Island / RI / 02872	City / State / Zip: Prudence IS / RI / 02872
Secretary Name	**Treasurer Name**
Jennifer Gempp	Don Dragon
Street Address	**Street Address**
055 Atlantic Ave	0369 Narragansett Ave
City / State / Zip: Prudence Is / RI / 02871	City / State / Zip: Prudence Is / RI / 02872

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Kathie Sousa	Herb Fuller
Street Address	**Street Address**
First St	69 Raphael St
City / State / Zip: Prudence Is / RI / 02872	City / State / Zip: Prudence IS / RI / 02871
Director Name	**Director Name**
Greg Gempp	Gil Reid
Street Address	**Street Address**
055 Atlantic Ave	45 Partridge Meadow
City / State / Zip: Prudence Is / RI / 02872	City / State / Zip: W. Suffield / CT / 06093

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 18 2018
BY 30584

Form No. 631
Revised: 04/2014

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.

Robert F. Thurber Jr. 6/11/18
Signature of Officer or Authorized Representative — Date

Robert F. Thurber JR 6-11-18
Print or Type Name of Officer or Authorized Representative