



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 25 2018

BY

1. Entity ID Number 134861		2. Exact name of the Corporation Scituate Fire & Rescue Engineering Board			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Review and setting policy for fire and rescue departments.			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address P.O. Box 123		City Scituate	State RI	Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Adam Hebert			Vice-President Name John A. Robinson		
Street Address P.O. Box 123			Street Address P.O. Box 123		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Jason D. Morgan			Treasurer Name Jason D. Morgan		
Street Address P.O. Box 123			Street Address P.O. Box 123		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
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 Adam Hebert			Director Name John A. Robinson		
Street Address P.O. Box 123			Street Address P.O. Box 123		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Director Name Kelth Brown			Director Name None		
Street Address P.O. Box 123			Street Address		
City Scituate	State RI	Zip 02857	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 Adam Hebert				Date ✓ 6/22/18	
Signature of Officer/Authorized Representative 					

MAIL TO:
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