RI SOS Filing Number: 201870633020 Date: 6/25/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

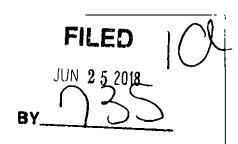
Annual Report for the year:

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.



	<del></del>				
1. Entity ID Number	2. Exact name of the Corporation				
134861	Scituate Fire & Rescue Engineering Board				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Review and setting policy for fire and rescue departments.				
4. NAICS Code	1				
813920 - Professional Organiza					
6. Principal Office Address		-	City	State	Zip
P.O. Box 123			Scituate	RI	02857
7. List ALL officers (names and add	dresses)			Check the box to indica	ite an attachment
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 Rt	Zip 02857	City Scituate	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02857	City Scituate	State Ri	Zip 02857
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST	list at least THREE directors.	Check the box to indica	ite an attachment
Oirector Name Adam Hebert			Director Name John A. Robinson		
Street Address P.O. Box 123			Street Address P.O. Box 123		
Cily Scituate	State RI	<sup>Zip</sup> 02857	City Scituate	State RI	Zip 02857
Director Name Kelth Brown			Director Name None		
Street Address P.O. Box 123			Street Address		
Cily Scituate	State RI	Zip 02857	City	State	∠ıp
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 decia			- · · · · - · - · · - · · · · · · · · ·	accompanying schedu	les and
statements, and that all stateme This report must be signed by either the Pre	-			eoresentative. Receivor or Trus	
Name of Officer/Authorized Representative				Date I	1
Adam Hebert				1/4/2	2/18
Signature of Officer/Authorized Representative					

MAIL TO: Division of Business Services 148 W. Rugi Street. Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov