



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

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 SECRETARY OF
 CORPORATIONS DIV
 2018 JUL -2 PM 2:26

1. Entity ID No. 000027836		2. Exact name of the Corporation GENEVA VOLUNTEER FIRE CO., INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island VOLUNTEER FIRE DEPARTMENT RI 02904			
5. Principal office address 1264 DOUGLAS AVENUE		City NORTH PROVIDENCE	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSEPH NOTARANTONIO III		Vice-President Name WALTER CHARELLO			
Street Address 451 SMITHFIELD RD.		Street Address 36 PLEASANT VIEW AVE			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name DAVID GIAMMARCO JR.		Treasurer Name DENNIS REALL			
Street Address 38 CARRIAGE WAY		Street Address 87 BROWN AVE.			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LEONARD ALBANESE		Director Name BERNARD DINOBLE			
Street Address 60 CUSHING ST		Street Address 121 LEXINGTON AVE.			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name WILFRED LEMIRE		Director Name			
Street Address 15 PARK ST.		Street Address			
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
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: _____ JUL 02 2018
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 BY: 334088

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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.

David H. Giammarco Jr. 6-2
 Signature of Officer or Authorized Representative Date

DAVID H. GIAMMARCO JR.
 Print or Type Name of Officer or Authorized Representative