RI SOS Filing Number: 201883218050 Date: 12/26/2018 11:51:00 AM

| Annual Report for the year: | 2017 | | | | |
|--|--|---------------------------|---|-------------------------------|----------------------|
| Ion-Profit Corporation → Filing period: June 1 - June 30 → Filing Fee: \$20.00 | | | | r C | SECRETAR CORPORA |
| 1. Entity ID Number 000030479 | 2. Exact name of the Corporation Tuckertown Fire Department, Inc. | | | | |
| 3. State of Incorporation RI 4. NAICS Code 624230 - Emergency and Other | 5. Brief description of the character of business conducted in Rhode Island Organizing, training and maintaining a volunteer fire department, together with water and ice rescue capabilities in the Tuckertown-Worden Pond area of the town of South Kingstown, RI, as may be prescribed by the Board of Wardens and Chiefs of the Union Fire District, Town of SK. | | | | |
| S. Principal Office Address | | | City | State | Zip |
| 1116 Ministerial Rd. | | | Wakefield | RI | 02879 |
| 7. List ALL officers (names and add | resses) | | | Check the box to indic | ate an attachment |
| President Name William P. Wieters | | | Vice-President Name Robert Perry | | |
| Street Address 1311 Ministerial Rd. | | | Street Address 65 Spencer Ct. | | |
| City Wakefield | State RI | ^{Zip} 02879 | City Wakefield | State RI | ^{Zip} 02879 |
| Secretary Name Tyler Parks | | | Treasurer Name Tyler Parks | | |
| Street Address 86 Darlene Dr. | | | Street Address 86 Darlene Dr. | | |
| City Wakefield | State RI | Zip 02879 | City Wakefield | State RI | ^{Zip} 02879 |
| 8. List ALL directors (names and ac | ldresses). RI Co | orporations MUST | list at least THREE directors. | Check the box to indic | cate an attachment |
| Director Name William P. Wieters | | | Director Name Tyler R. Parks | | |
| Street Address 1311 Ministerial Rd. | | | Street Address 86 Darlene Dr. | | |
| ^{City} Wakefield | State RI + | ^{Zip} 02879 | City Wakefield | State RI | ^{Zip} 02879 |
| Director Name Andrew McKinney | | | Director Name | | |
| Street Address 90 Allen Av. | | | Street Address | | |
| City Wakefield | State RI | Zip 02879 | City | State | Zip |
| 9. Registered Agent in Rhode Islan | d. This information | n is currently of reco | rd in the Department of State, Chan | ges require filing Form 6 | 41. |
| Under penalty of perjury, I declar statements, and that all statemen | | | | ccompanying sched | lules and |
| This report must be signed by either the Pres | ident, Vice-Presiden | t, Secretary, Assistant : | Secretary, Treasurer, duly Authorized Rep | presentative, Receiver or Tru | istee |
| Name of Officer/Authorized Representative | | | | Date | |
| Tyler R. Parks | | | EU 50 | 12/19/2018 | |
| Signature of Officer/Authorized Rep | | | P.D.P. (1) HERE | | |

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov