RI SOS Filing Number: 201883218320 Date: 12/26/2018 11:49:00 AN State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 2015 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. 1. Entity ID Number 2. Exact name of the Corporation 000030479 Tuckertown Fire Department, Inc. 3. State of Incorporation 5. Brief description of the character of business conducted in Rhode Island RΙ 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 4. NAICS Code may be prescribed by the Board of Wardens and Chiefs of the Union Fire District, Town of SK. 624230 - Emergency and Other 6. Principal Office Address Zip City State 02879 1116 Ministerial Rd. Wakefield RI 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Mark Nelson Vice-President Name William P. Wieters Street Address 40 Brook Farm Rd. Street Address 1311 Ministerial Rd. State RI State City Wakefield ^{Zip} 02879 ^{Zip} 02879 City Wakefield Secretary Name Tyler Parks Treasurer Name Tyler Parks Street Address 86 Darlene Dr. Street Address 86 Darlene Dr. State RI State RI Zip 02879 City Wakefield ^{Zip} 02879 City Wakefield 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment L Director Name Tyler R. Parks Director Name William P. Wieters Street Address 86 Darlene Dr. Street Address 1311 Ministerial Rd. State RI ^{Zip} 02879 ^{Zip} 02879 City Wakefield City Wakefield Director Name Andrew McKinney Director Name Street Address 90 Allen Av. Street Address State RI ^{Zip} 02879 State Zip City Wakefield 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. This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee Name of Officer/Authorized Representative Date FILED Tyler R. Parks 12/20/2018 Signature of Officer/Authorized Representative DEC 26 2018 MAR TO: Division of Business Services

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