State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2008

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.

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SECRETARY OF STATE
CORPORATIONS DIV.
2018 DEC 26 AM 11:20

1. Entity ID Number	2. Exact name of the Corporation
000030479	Tuckertown Fire Department, Inc.
3. State of Incorporation: RI	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.
4. NAICS Code: 624230 - Emergency and Other	

6. Principal Office Address	City	State	Zip
1116 Ministerial Rd.	Wakefield	RI	02879

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jack Christy			Vice-President Name: Mark Nelson		
Street Address: PO 392			Street Address: 40 Brook Farm Rd.		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Secretary Name: Andrew McKinney			Treasurer Name: Eli Carey		
Street Address: 90 Allen Av.			Street Address: PO 392		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: William P. Wieters			Director Name: Eli Carey		
Street Address: 1311 Ministerial Rd.			Street Address: PO 392		
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 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, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Tyler R. Parks	12/20/2018

Signature of Officer/Authorized Representative: Tyler R. Parks

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DEC 26 2018
11:42

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

RV NF7DB

FORM 631 - Revised: 11/2017