Annual Report for the year:	2003				2018	338 03		
Ion-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.			DEC 26 A	RETARY O		
1. Entity ID Number 000030479	2. Exact nam Tucker	c.	111:2	STATE STATE				
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 icc							
4. NAICS Code 624230 - Emergency and Other	rescue capabilities in the Tuckertown-Worden Pond area of the town of South Kingstown, may be prescribed by the Board of Wardens and Chiefs of the Union Fire District, Town of							
6. Principal Office Address			City	State	Zi	ρ		
1116 Ministerial Rd.		Wakefield	RI	0	2879			
	dresses)			Check the box to in	dicate an	attachment		
<ol><li>List ALL officers (names and add</li></ol>	President Name Jack Christy			Vice-President Name Mark Nelson				
7. List ALL officers (names and add President Name Jack Christy			Mar	K Neison				
		<del></del>	Street Address 40 Brook	<del> </del>	. <del></del>			
President Name Jack Christy  Street Address PO 392	State RI	Zip 02879		<del> </del>	Zij	02879		
President Name Jack Christy		<sup>Zip</sup> 02879	Street Address 40 Brook	Farm Rd.	Zij	02879		

City Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield	State	RI	<sup>Zip</sup> 02879	
8. List ALL directors (name	s and addresses). RI (	Corporations MUST	list at least THREE directors.	Check the bo	x to indicate	e 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 David Sloan			Director Name				
Street Address PO 392			Street Address				
City Wakefield	State RI	Zip 02879	City	State		Zıp	
	State RI	<sup>Zip</sup> 02879	City	State		Zıp	

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

Tyler R. Parks

Signature of Officer/Authorized Representative

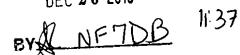
្មាន ខេត្ត ខេត្តការ

MAIL TO:

Division of Business Services

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

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



Date

12/20/2018