



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2003**

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2008 DEC 26 AM 11:20

1. Entity ID Number 000030479		2. Exact name of the Corporation 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 1116 Ministerial Rd.		City Wakefield		State RI	Zip 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 William P. Wieters			Treasurer Name David Sloan		
Street Address 1311 Ministerial Rd.			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 David Sloan			Director Name		
Street Address PO 392			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.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Tyler R. Parks				Date 12/20/2018	
Signature of Officer/Authorized Representative 					

FILED

DEC 26 2018

BY  NF7DB

11:37

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