RI SOS Filing Number: 201883221500 Date: 12/26/2018 11:32:00 AM

State of Rhode Island and F	Providence Planta	tions			
Department of State - Business Services Division					SECRETO CORPO
Annual Report for the year: Non-Profit Corporation	1998			r	RECEI TARY ORAT
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if f	orm is not filed by .	July 30.		<u></u>	VED OF STA
1. Entity ID Number	2. Exact name of the Corporation				= ਜ
000030479	Tuckertown Fire Department, Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Organizing, training and maintaining a volunteer fire department, together with water and ice				
4. NAICS Code	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.				
624230 - Emergency and Other	may be prescri	bed by the Board	of Wardens and Chiefs of the Uni	on Fire District, I	OWN OT SK.
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 Unknown			Vice-President Name Unknown		
itreel Address Unknown			Street Address Unknown		
City	State	Zip	City	State	Zip
Secretary Name Unknown			Treasurer Name Unknown		
Street Address Unknown			Street Address Unknown		
Crty	State	Zip	City	State	Zip
8. List ALL directors (names and ac	ddresses). RI Corp	oorations MUST lis		ck the box to indicate	e an attachment
Director Name Unknown			Director Name Unknown		
Street Address Unknown			Street Address Unknown		
Crty	State	Zip	City	State	Zip
Director Name Unknown			Director Name		
Street Address Unknown			Street Address		
City	State	Zip	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 Pres	ident, Vice-President, S	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Representa	ntive, Receiver or Trusto	:e
Name of Officer/Authorized Representative Tyler R. Parks				Date 12/20/2018	
Signature of Officer/Authorized Rep	resentative				

MAIL40:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 26 2018

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FORM 631 - Revised: 11/2017

SECRETARIAL CERTIFICATE

I, TYLER PARKS, of 86 Darlene Drive, Wakefield, Rhode Island, do hereby certify that I am the present Secretary of Tuckertown Fire Department, Inc. I certify the officers and directors for this year are unknown and are not available for the purposes of signing this annual report.

Tyler R. Parks