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State of Rhode Island and Providence Plantations	
Department of State - Business Services Division	SEC: CO10
rofit Corporation ————————————————————————————————————	- REC RETAN RPOR DEC 2
ng period: June 1 - June 30 ng Fee: \$20.00	CEIVE CEIVE CATION 26 A
nalty: Additional \$25.00 fee if form is not filed by July 30.	X S D

					<u></u>		
1. Entity ID Number	2. Exact name of the Corporation						
000030479 Tuckertown Fire Department, Inc.							
3. State of Incorporation	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						
624230 - Emergency and Other	may be prescribed by the Board of Wardens and Chiefs of the Union Fire District, Town of SK.						
6. Principal Office Address	<u></u>		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				
Street Address Unknown			Street Address Unknown				
City	State	Zip	City	State	Zip		
Secretary Name Unknown		<u> </u>	Treasurer Name Unknown				
Street Address Unknown			Street Address Unknown				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Unknown			Director Name Unknown				
Street Address Unknown			Street Address Unknown				
City	State	Zip	City	State	Zip		
Director Name Unknown			Director Name				
Street Address Unknown			Street Address				
City	State	Zip	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							

MAIL TO:

Division of Business Services

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

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

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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