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

Annual Report for the year: 1991
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 11:21

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 **Unknown**			Vice-President Name **Unknown**		
Street Address **Unknown**			Street Address **Unknown**		
City	State	Zip	City	State	Zip
Secretary Name **Unknown**			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

FILED

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

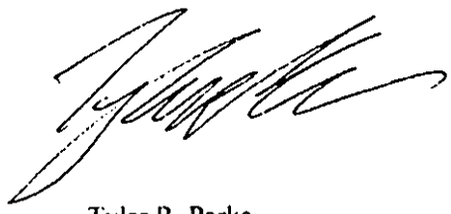
DEC 26 2018 11:25

BY NF7D3

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