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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 1990 **Non-Profit Corporation** 

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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| 26       |                                      |
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| → Penalty: Additional \$25.00                               |                           |  |  |                                | 2 <                  |  |
|---|---------------------------|--|--|--------------------------------|----------------------|--|
| 1. Entity ID Number 000030479                               |                           | 2. Exact name of the Corporation  Tuckertown Fire Department, Inc.   |  |                                |                      |  |
| 3. State of Incorporation                                   | 5. Brief des              | 5. Brief description of the character of business conducted in Rhode Island  |  |                                |                      |  |
| RI  | Organizing                | 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 0                                    | Other may be pro          | escribed by the  | Board of Wardens and Chiefs                      | or the Union Fire Distr        | ict, Town or Sk.     |  |
| 6. Principal Office Address                                 | Office Address            |  |  | State                          | Zip                  |  |
| 1116 Ministerial Rd.  | 16 Ministerial Rd.        |  |  | RI                             | 02879                |  |
| 7. List ALL officers (names a                               | and addresses)            |  |  |                                | dicate an attachment |  |
| President Name Unknown                                      |                           |  | Vice-President Name Uni                          | Vice-President Name Unknown    |                      |  |
| Street Address Unknown                                      |                           |  | Street Address Unknown                           | Street Address Unknown         |                      |  |
| City  | State                     | Zip  | City   | State                          | Zip                  |  |
| Secretary Name Unknown                                      | Unknown                   |  |  | easurer Name Unknown           |                      |  |
| Street Address Unknown                                      |                           |  | Street Address Unknown                           | Street Address Unknown         |                      |  |
| City  | State                     | Zip  | City   | State                          | Zip                  |  |
| 8. List ALL directors (names                                | and addresses). RI        | Corporations MU  | JST list at least THREE director                 |                                | dicate an attachment |  |
| Director Name Unknown                                       |                           |  | Director Name Unknown                            | Director Name Unknown          |                      |  |
| Street Address Unknown                                      |                           |  | Street Address Unknow                            | Street Address Unknown         |                      |  |
| City  | State                     | Zip  | City   | State                          | Zip                  |  |
| Director Name Unknown                                       |                           |  | Director Name                                    | Director Name                  |                      |  |
| Street Address Unknown                                      |                           |  | Street Address                                   | Street Address                 |                      |  |
| City  | State                     | Zip  | City   | State                          | Zip                  |  |
| 9. Registered Agent in Rhod                                 | e Island. This informa    | ation is currently of  | record in the Department of State                | Changes require filing Form    | 641.                 |  |
| Under penalty of perjury, I<br>statements, and that all sta |                           |  | mined this report, including a<br>e and correct. | ny accompanying sch            | edules and           |  |
| This report must be signed by either                        | the President, Vice-Presi | ident, Secretary, Assis  | tant Secretary, Treasurer, duly Authorize        | ed Representative, Receiver or | Trustee              |  |
| Name of Officer/Authorized Representative                   |                           |  | Date   | Date                           |                      |  |
| Tyler R. Parks  |                           |  |  | 12/20/201                      | 8                    |  |
| Signature of Officer/Authorize                              | ed Representative         | 10.0   | FILED  | 1                              |                      |  |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Nebsite: 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