



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

FILED

Annual Report for the year:
 Non-Profit Corporation

2019

MAY 17 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 5214 DS

1. Entity ID Number 82245		2. Exact name of the Corporation Hianloland Fire Company			
3. State of Incorporation RI.		5. Brief description of the character of business conducted in Rhode Island provide volunteer Fire and Rescue services within the Town of West Greenwich RI.			
4. NAICS Code 922160					
6. Principal Office Address 270 Victory Highway			City West Greenwich	State R.I.	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cliff Studley		Vice-President Name James Studley			
Street Address 225 Weaver Hill Rd		Street Address 68 Bowen Hill Rd			
City W. Greenwich	State RI	Zip 02817	City Greene	State RI	Zip 02827
Secretary Name Sondra Kirkland		Treasurer Name Henry Eberle			
Street Address 60 Tillinghast Rd		Street Address 270 Greenhouse Rd.			
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ray Kelley		Director Name Peter Sweet			
Street Address 420 Plain Rd		Street Address 281 Victory Highway			
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI	Zip 02817
Director Name Mark Fortin Rd		Director Name			
Street Address 489 Hazard		Street Address			
City W. Greenwich	State RI	Zip 02817	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.					
<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 Henry Eberle					Date 5/13/2019
Signature of Officer/Authorized Representative <i>[Signature]</i> / Treasurer					