State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

FILED

MAY 1 7 2019

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

1. Entity ID Number	2. Exact name of the Corporation			-	
82245	HianLoLand Fire Company				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI.	provide volunteer Fire and Rescue services within the Town of West Greenwich RI.				
4. NAICS Code	- Services within the lown of west orces				
922/60					
6. Principal Office Address		City	State	Zip 02817	
270 Victory	Highway	West Greenwich	` _		
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name CLIFF	Stud Ley	Vice-President Name Tames	Studler		
Street Address 225 Wed	ever Hill Rd	Street Address 68 Bowen Hill Rd			
City W. Greenwich	State RT 2ip 02817	City Greene	State RI	^{Zip} 02827	
Socretary Name	Kirk Land	Treasurer Name Henry Eber	1		
Street Address 60 Ti LLiv	1_11	Street Address 270 Greenhous	e Rd.	· · · ·	
City Greene	State Zip 02827	City Greene	State R. T.	^{Zip} 02827	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Ray Ke	llen	Director Name Peter Sw	ect	. <u></u>	
Street Address 420 PL	ain Rd	Street Address 281 Vict	orn High	vacy	
City W. Greenwich	State PT Zip 2817	City W. Greenwich	State	Zip/ 02817	
Director Name	ortin Rd	Director Name			
Street Address 489 Haz	^	Street Address	-		
City W. Greenwich	State RI ZIP 02817	City	State	Zıp	
	nd. This information is currently of record	in the Department of State. Changes req	uire 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 5/12 /	2010	
Signature of Officer/Authorized Representative					
LIZ CONTROLLING TO THE					
MAIL TO:					

Division of Business Services

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

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