RI SOS Filing Number: 201900918550 Date: 7/1/2019 4:00:00 PM

(RE)	

State of Rhose Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2019

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

FILED	<i>(</i> )
JUL 01 2019, BY 1530	05

Entity ID Number	2. Exact name of	of the Corporation	<del></del>	<del></del>		
000029452	WARWI	CK REGU	AR FIREMEN'S	ASSOCIATI	ON	
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	BANQUET FACILITY AND PRIVATE MEMBERS ONLY CLUB					
4. NAICS Code	1					
813990 - Other Similar Orga						
6. Principal Office Address	•		City	State	Zip	
750 WARWICK AVENUE			WARWICK	RI	02888	
7. List ALL officers (names and add	iresses)			Check the box to indi	cate an attachment	
President Name JAMES F. HEWIT	TT III		Vice-President Name			
Street Address 3524 WEST SHORE ROAD, #108			08 Street Address			
City WARWICK	State RI	<sup>Zip</sup> <b>02886</b>	City	State	Zip	
Secretary Name GEORGE ASHLEY			Treasurer Name			
Street Address WINSLOW AVEN	UE		Street Address			
City WARWICK	State RI	<sup>Z<sub>1</sub>p</sup> 02886	City	State	Zip	
8. List ALL directors (names and ad	ddresses). Rl Cor	porations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
Director Name DONNA CONWAY-HEWITT			Director Name MARK BECKLER			
Street Address 3524 WEST SHORE ROAD, #108			Street Address WARWICK AVENUE			
City WARWICK	Stale RI	<sup>Zip</sup> 02886	City WARWICK	State RI	<sup>Zip</sup> 02889	
Director Name  JOHN QUIRK  Director Name						
Street Address AME COURT			Street Address			
Crity CRANSTON	State RI	<sup>Zip</sup> 02904	City	State	Zıp	
9. Registered Agent in Rhode Islan	d. This information	is currently of reco	rd in the Department of State. Ch	anges require filing Form 6	541.	
Under penalty of perjury, I declar statements, and that all statement				accompanying sched	fules and	
This report must be signed by either the Pres	sident. Vice-President,	Secretary, Assistant S	Secretary, Treasurer, duly Authorized R	Representative, Receiver or Tri	ustee	
Name of Officer/Authorized Representative  JAMES F. HEWITT III			Date 6/27/2019			
Signature of Officer/Authorized Rep	resentative	SIGN DOC	UMENT HERE	•		

MAIL TO:

**Division of Business Services** 

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

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