



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

Annual Report for the year: **2019**
 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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2020 FEB 27 PM 12:08

1. Entity ID Number 000113818		2. Exact name of the Corporation Rhode Island Southern Firefighter's League			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Rhode Island Southern Firefighter's League was originally incorporated as the Southern Fire League on May 14, 1945. The league's purpose is for mutual aid, radio communications, training and joint purchase of equipment and insurance.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 996 Main Street - PO Box 25			City Hope Valley	State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chief Nathan Barrington			Vice-President Name Chief Robert Peacock		
Street Address 35 Bills Rd			Street Address 222 Watch Hill Rd		
City Kinston	State RI	Zip 02881	City Westerly	State RI	Zip 02891
Secretary Name Lt. Christopher Koretski			Treasurer Name Chief Justin W. Lee		
Street Address 222 Watch Hill Rd			Street Address 996 Main Street - PO Box 25		
City Westerly	State Ri	Zip 02891	City Hope Valley	State RI	Zip 02832
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 Chief Scott Barber			Director Name Chief Nathan Barrington		
Street Address 208 Townhouse Rd			Street Address 35 Bills Rd		
City Richmond	State Ri	Zip 02812	City Kingston	State RI	Zip 02881
Director Name Chief Robert Peacock			Director Name		
Street Address 222 Watch Hill Rd			Street Address		
City Westerly	State RI	Zip 02891	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 Chief Justin W. Lee, Treasurer				Date 2/24/2020	
Signature of Officer/Authorized Representative <i>Chief Justin W. Lee, Treasurer</i>				SIGN DOCUMENT HERE	

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

FILED 12:09

FEB 27 2020

FORM 631 - Revised: 05/2017

B 03 J86 T1