RI SOS Filing Number: 202041750090 Date: 6/8/2020 4:00:00 PM

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

FILED
JUN 08 2020
$150 CK

Annual Report for the year: 2020
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.

1. Entity ID Number	2. Exact name of the Corporation
000029186	**Warren Fire Department Rescue Squad**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **General monthly meeting and training and EMS to the Town of Warren**
4. NAICS Code: **624230 - Emergency and Other**	

6. Principal Office Address	City	State	Zip
1 Joyce Street	**Warren**	**RI**	**02885**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **James A. Sousa**			Vice-President Name: **Dana Medeiros**		
Street Address: **126 Touisset Road**			Street Address: **6 Franka Drive**		
City: **Warren**	State: **RI**	Zip: **02885**	City: **Bristol**	State: **RI**	Zip: **02809**
Secretary Name: **Jameel Sylvia**			Treasurer Name: **James A. Sousa**		
Street Address: **22 Dyer Street**			Street Address: **126 Touisset Road**		
City: **Warren**	State: **RI**	Zip: **02885**	City: **Warren**	State: **RI**	Zip: **02885**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: **James A. Sousa**			Director Name: **Susan Annarummo**		
Street Address: **126 Touisset Road**			Street Address: **9 Stuart Street**		
City: **Warren**	State: **RI**	Zip: **02885**	City: **Warren**	State: **RI**	Zip: **02885**
Director Name: **Dana Medeiros**			Director Name: **Jameel Sylvia**		
Street Address: **6 Franka Drive**			Street Address: **22 Dyer Street**		
City: **Bristol**	State: **RI**	Zip: **02809**	City: **Warren**	State: **RI**	Zip: **02885**

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.

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
James A. Sousa	6-3-2020

Signature of Officer/Authorized Representative: James A Sousa

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

FORM 631 - Revised: 11/2017