

FILED

JUN 22 2021



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

BY 148 OS  
**2021**

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021**

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.  
 Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |   |  |                    |                     |
|---|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No.<br><b>28763</b>  |                    | 2. Exact name of the Corporation<br><b>The Prudence Island Volunteer Fire Department</b>                                      |  |                    |                     |
| 3. State of Incorporation<br><b>RI</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Volunteer Fire Department</b> <i>g22160</i> |  |                    |                     |
| 5. Principal office address<br><b>292 Narragansett Avenue</b>   |                    |   | City<br><b>Prudence Island</b>                 | State<br><b>RI</b> | Zip<br><b>02872</b> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |  |                    |                     |
| President Name<br><i>Chief Robert Thurber</i>   |                    |   | Vice-President Name<br><i>Richard Buckley</i>  |                    |                     |
| Street Address<br><i>89 Seafare Lane</i>  |                    |   | Street Address<br><i>24 Southwick St</i>       |                    |                     |
| City<br><i>Portsmouth</i>   | State<br><i>RI</i> | Zip<br><i>02871</i>   | City<br><i>Lincoln</i>                         | State<br><i>RI</i> | Zip<br><i>02865</i> |
| Secretary Name<br><i>Jennifer Gemp</i>  |                    |   | Treasurer Name<br><i>Mike Landino</i>          |                    |                     |
| Street Address<br><i>054 Atlantic Ave</i>   |                    |   | Street Address<br><i>19 Ashley St</i>          |                    |                     |
| City<br><i>Prudence Island</i>  | State<br><i>RI</i> | Zip<br><i>02872</i>   | City<br><i>Pepperell</i>                       | State<br><i>MA</i> | Zip<br><i>01463</i> |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |  |                    |                     |
| Director Name<br><i>Henry Peter</i>   |                    |   | Director Name<br><i>Raymond Masse</i>          |                    |                     |
| Street Address<br><i>63 Smith Field Rd Apt 311</i>  |                    |   | Street Address<br><i>0830 Narragansett Ave</i> |                    |                     |
| City<br><i>N. Providence</i>  | State<br><i>RI</i> | Zip<br><i>02904</i>   | City<br><i>Prudence Island</i>                 | State<br><i>RI</i> | Zip<br><i>02872</i> |
| Director Name<br><i>Dan Stewart</i>   |                    |   | Director Name<br><i>Eric Reid</i>              |                    |                     |
| Street Address<br><i>136 Mt. Hope Ave</i>   |                    |   | Street Address<br><i>046 Providence St.</i>    |                    |                     |
| City<br><i>Bristol</i>  | State<br><i>RI</i> | Zip<br><i>02809</i>   | City<br><i>Prudence Island</i>                 | State<br><i>RI</i> | Zip<br><i>02872</i> |
| 8. REGISTERED AGENT IN RHODE ISLAND   |                    |   |  |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.   |                    |   |  |                    |                     |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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.

*Richard Buckley* *6/15/21*  
 Signature of Officer or Authorized Representative Date  
**Richard Buckley**  
 Print or Type Name of Officer or Authorized Representative