



Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Non-Profit Corporation

JUL 02 2021
 BY *[Signature]* 104...

- 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 27959		2. Exact name of the Corporation Little Compton Volunteer Fire Department			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island A volunteer fire department.			
4. NAICS Code 922160					
6. Principal Office Address P.O. Box 552			City Little Compton	State R.I.	Zip 02837-0552
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jack Crook		Vice-President Name Bruce Shippee			
Street Address 40 bramblewood Cross		Street Address 81 Pottersville Road			
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
Secretary Name Douglas Crook		Treasurer Name Douglas Crook			
Street Address 461 West main Road		Street Address 461 West main Road			
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
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 Jack Crook - President		Director Name Bruce Shippee - Vice President			
Street Address 40 Bramblewood Cross		Street Address 81 Pottersville Road			
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
Director Name Douglas Crook - Secretary / Treasurer		Director Name			
Street Address 461 West Main Road		Street Address			
City Little Compton	State R.I.	Zip 02837	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Jack Crook - President L.C.V.F.D.				Date 25 June 2021	
Signature of Officer/Authorized Representative <i>[Signature]</i> PRESIDENT L.C.V.F.D.					

MAIL TO:
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