

**FILED**

**Annual Report for the year: 2021**

**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.

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

1. Entity ID Number <b>27959</b>		2. Exact name of the Corporation <b>Little Compton Volunteer Fire Department</b>			
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 <b>922160</b>					
6. Principal Office Address P.O. Box 552			City Little Compton	State R.I.	Zip 02837-0552
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.					
<b>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.</b>					
<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> J. Crook L.C.V.F.D.					