



State of Rhode Island
Department of State - Business Services Division

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 16 2021'
BY [Signature]
BY [Signature]

1. Entity ID Number 000144394		2. Exact name of the Corporation R.I. ANTIQUE FIRE APPARATUS SOCIETY, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island DEDICATED TO PROMOTING ANTIQUE FIRE APPARATUS NON-PROFIT SOCIETY	
4. NAICS Code 712120 ?			
6. Principal Office Address RIAFAS, PO BOX 2132		City EAST GREENWICH	State RI
		Zip 02818-2132	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard Quetta		Vice-President Name George Gemp	
Street Address 495 WOODWARD RD		Street Address 60 COOMER AVE.	
City NO. PROVIDENCE	State RI	City WARREN	State RI
Zip 02904		Zip 02885	
Secretary Name TOM SACCOCCIA		Treasurer Name DAVE PINGATORE	
Street Address 6 GREENBRIER RD.		Street Address 112 WAVELAND ST.	
City GREENVILLE	State RI	City JOHNSON	State RI
Zip 02828		Zip 02919	
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 RAY VERNON		Director Name Bob Peacock	
Street Address 37 IDEAL CT.		Street Address 15 Robin Hollow Lane	
City EAST GREENWICH	State RI	City WESTERLY	State RI
Zip 02818		Zip 02891	
Director Name LAWSON SALISBURY		Director Name Lou Reo	
Street Address 80 QUEEN ST.		Street Address 48 PLEASANT VIEW AVE	
City EAST GREENWICH	State RI	City SMITHFIELD	State RI
Zip 02818		Zip 02828	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Thomas F. Saccoccia SECRETARY			Date 6-27-21
Signature of Officer/Authorized Representative <i>Thomas F. Saccoccia</i>			

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