RI SOS Filing Number: 202106852790 Date: 12/7/2021 11:03:00 AM

State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation
000029452	WARWICK REGULAR FIREMEN'S ASSOCIATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: BANQUET FACILITY AND PRIVATE MEMBERS ONLY CLUB
4. NAICS Code: 813990 - Other Similar Organiza	

6. Principal Office Address	City	State	Zip
750 WARWICK AVENUE	WARWICK	RI	02888

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

President Name: JAMES F. HEWITT III			Vice-President Name: SAME		
Street Address: 32 CRANE STREET			Street Address:		
City: WARWICK	State: RI	Zip: 02889	City:	State:	Zip:
Secretary Name: GEORGE ASHLEY			Treasurer Name: SAME		
Street Address: WINSLOW AVENUE			Street Address:		
City: WARWICK	State: RI	Zip: 02886	City:	State:	Zip:

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

Director Name: DONNA CONWAY-HEWITT			Director Name: MARK BECKLER		
Street Address: 32 CRANE STREET			Street Address: WARWICK AVENUE		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889
Director Name: JOHN QUIRK			Director Name:		
Street Address: AME COURT			Street Address:		
City: CRANSTON	State: RI	Zip: 02904	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.

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 F. HEWITT III	12/03/2021

Signature of Officer/Authorized Representative

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

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FORM 631 - Revised: 08/2020