



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

JUN 23 2022

9517

R

1. Entity ID Number 000122332		2. Exact name of the Corporation North Smithfield Fire and Rescue Service, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Emergency services			
4. NAICS Code 622110					
6. Principal Office Address 1470 Providence Pike			City North Smithfield	State RI	Zip 02896
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Crepeau			Vice-President Name Kenneth Peloquin		
Street Address 668 Woonsocket Hill Road			Street Address 546 Woonsocket Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Kenneth Thompson			Treasurer Name Daniel O'Brien		
Street Address 2 Jefferson Road			Street Address 38 Homestead Avenue		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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 Pamela LaBarre			Director Name Paul Jones		
Street Address 22 Tall Timber Trail			Street Address 9 Oaklawn Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Director Name Christopher Puccetti			Director Name		
Street Address 12 Wildwood Road			Street Address		
City Forestdale	State RI	Zip 02824	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 Daniel O'Brien				Date 06/21/2022	
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