



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000026541

2. Name of Corporation Hope-Jackson Fire Co.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813212

4. Principal Office Address

No. and Street: 117 MAIN STREET

P.O. BOX 201

City or Town: HOPE

State: RI

Zip: 02831

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

FIRE AND RESCUE SERVICES

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID MCENERY	43 MELROSE ST CRANSTON, RI 02910 USA
TREASURER	NICOLE GEREMIA	17 1/2 MILTON ST JOHNSTON, RI 02929 USA
SECRETARY	CHRISTINE KNEEBONE	43 RALSTON ST. WARWICK, RI 02888 USA
VICE PRESIDENT	ANDREW GAGNON	4 HOLLY LANE CUMBERLAND, RI 02864 USA
DIRECTOR	ALFREDO DEPINA	140B JACKSON FLAT ROAD HOPE, RI 02831 USA
DIRECTOR	BRIAN DINOBILE	PO BOX 201 HOPE, RI 02831 USA
DIRECTOR	ARMAND NIQUETTE	89 HOWARD STREET COVENTRY, RI 02816 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DAVID MCENERY 117 MAIN STREET P.O. BOX 201 HOPE , RI 02831

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of September, 2022 at 10:31:18 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID MCENERY
Signature of Authorized Person

Form No. 631
Revised 09/07

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