RI SOS Filing Number: 202329177630 Date: 2/21/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation	2023		
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by May 31.		
1. Entity ID Number	2. Exact name of the Corporation		
000070113	2. Exact name of the Corporation S PECIAL ちしいみ		

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BY	11782

1. Entity ID Number	2 Event name of	(Ale - O						
1	2. Exact name of	2. Exact name of the Corporation						
000070113	SPECIAL SIGNAL FIRE ASSOCIATION							
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	TO ASSIST FIRE DEPARTMENTS IN THE PROMOTION							
4. NAICS Code	AND FURTHERNACE OF PUBLIC RELATIONS, EXCLANSE							
624210	OF PROFESSIONAL INFO, ETC. TITLE 7-6							
6. Principal Office Address			City	State	Zip			
100 MINNESOTA A	المح المارة	3	WARWICK	121	07888			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name AuL J.	resident Namp Aul J. O'Rounke			Vice-President Name Charles Fuller				
Street Address 45 Parkway AJe			Street Address 1905 MINERAL BRRING AVE.					
City CRANSTON	State (2)	Zip 07905	City NO. PROVIDENCE	State 721	Z10 2904			
Secretary Name Janes	Vose Treasurer Name Thomas F. Saccoccia			2 < i A				
Street Address	wo Ave.		Street Address 6 GREEN BRIER RD.					
City CRANSTON	State (2)	Zip ०२९२०	CITY GREEN CILLE	State (%)	Zip 4838			
8. List ALL directors (names and ac	Idresses). RI Corp	orations MUST lis	t at least THREE directors.	k the box to indicate	an attachment			
Director Name Paul O'Rounke			Director Name Charle: Filer					
Street Address 45 Parkway Aue			Street Address 1905 MINEARL SPRING AUR					
City CRANSTON	State (2)	Zip 6 2 905	CHY NO. PROVIDENCE					
Director Name James A. Vose			Director Name Thomas F. SACCOCCIA					
			Street Address 6 GREEN BRIER Rd.					
City CRANSTON	State (2.)	Zip 03930	City Greenville	State Z	Zip 67878			
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 Rupresentative, Receiver or Trustee								
Name of Officer/Authorized Representative Date								
Thomas F. SACCOCCIA TREASURES				2-13-23				
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