



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

FILED

FEB 21 2023

BY 1138

1. Entity ID Number <u>000070113</u>		2. Exact name of the Corporation <u>SPECIAL SIGNAL FIRE ASSOCIATION</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO ASSIST FIRE DEPARTMENTS IN THE PROMOTION AND FURTHERANCE OF PUBLIC RELATIONS, EXCHANGE OF PROFESSIONAL INFO, ETC. TITLE 7-6</u>			
4. NAICS Code <u>624210</u>					
6. Principal Office Address <u>100 MINNESOTA AVE UNIT 3</u>		City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>PAUL J. O'Rourke</u>			Vice-President Name <u>Charles Fuller</u>		
Street Address <u>45 PARKWAY AVE</u>			Street Address <u>1905 MINERAL SPRING AVE.</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>NO. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>
Secretary Name <u>James Vose</u>			Treasurer Name <u>THOMAS F. SACCOCCIA</u>		
Street Address <u>146 CAPUANO AVE.</u>			Street Address <u>6 GREENBRIER RD.</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>GREENVILLE</u>	State <u>RI</u>	Zip <u>02828</u>
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 <u>PAUL O'Rourke</u>			Director Name <u>Charles Fuller</u>		
Street Address <u>45 PARKWAY AVE</u>			Street Address <u>1905 MINERAL SPRING AVE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>NO. PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>
Director Name <u>JAMES A. VOSE</u>			Director Name <u>THOMAS F. SACCOCCIA</u>		
Street Address <u>146 CAPUANO AVE.</u>			Street Address <u>6 GREENBRIER RD.</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>GREENVILLE</u>	State <u>RI</u>	Zip <u>02828</u>
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 <u>Thomas F. Saccoccia, TREASURER</u>				Date <u>2-13-23</u>	
Signature of Officer/Authorized Representative <u>Thomas F. Saccoccia</u>					

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