



State of Rhode Island
Department of State - Business Services Division

FILED
FEB 21 2023
BY 1537
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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.

1. Entity ID Number <u>000144394</u>		2. Exact name of the Corporation <u>RHODE ISLAND ANTIQUE FIRE APPARATUS SOCIETY</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO PROMOTE THE INTEREST & APPRECIATION IN THE RESTORATION, PRESERVATION & OPERATION OF FIRE APPARATUS, FIREFIGHTING EQUIPMENT ASSOCIATED WITH THE FIRE SERVICE TITLE: 7-6</u>			
4. NAICS Code <u>813990</u>					
6. Principal Office Address <u>P.O. BOX 114134</u>			City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	Zip <u>02911</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>RICHARD GWETTA</u>			Vice-President Name <u>LOUIS RED</u>		
Street Address <u>495 WOODWARD RD.</u>			Street Address <u>48 PLEASANT VIEW AVE.</u>		
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>GREENVILLE</u>	State <u>RI</u>	Zip <u>02828</u>
Secretary Name <u>THOMAS F. SACCOCCIA</u>			Treasurer Name <u>THOMAS F. SACCOCCIA</u>		
Street Address <u>6 GREENBRIER RD.</u>			Street Address <u>6 GREENBRIER RD.</u>		
City <u>GREENVILLE</u>	State <u>RI</u>	Zip <u>02828</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>RAYMOND VERNON</u>			Director Name <u>ROBERT CARLOW</u>		
Street Address <u>37 IDEAL COURT</u>			Street Address <u>247 WHITEHEAD RD.</u>		
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>
Director Name <u>ROBERT PEACOCK</u>			Director Name <u>JAMES SEARLES</u>		
Street Address <u>223 WATCH HILL RD.</u>			Street Address <u>27 STRATHCONIA RD.</u>		
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</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.					
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 <u>THOMAS F. SACCOCCIA, TREASURER</u>					Date <u>1-29-23</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