RI SOS Filing Number: 202329722100 Date: 2/28/2023 4:00:00 PM



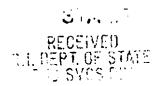
State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2023
Non-Profit Corporation	2020

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00



→ Penalty: Additional \$25,00 fee	if form is not filed by	May 31.		7 277 [[8	م ی د بر		
1. Entity ID Number	2. Exact name of	2. Exact name of the Corporation					
000027949	North Scitua	North Scituate Fire Department #1 of the Town of Scituate, RI					
3. State of Incorporation	5. Brief descript	ion of the charact	er of business conducted in Rhod	e Island	<u>^</u> .		
Rhode Island	Servic	service to the community for five, vicue and other emergency					
4. NAICS Code	J řívc.	MICUE	and other	(prive)	mency		
813319	111-7	serv	ices	0,	,		
6. Principal Office Address			City	State	Zip		
201 Danielson Pike	nielson Pike		North Scituate	RI	02857		
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name Steven Como		Vice-President Name Megan Umbriano					
Street Address 119 Elmdale Road		Street Address 215 Plainfield Pike					
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857		
Secretary Name Karl Petschii	ng	Treasurer Name Dennis Ch		arland			
Street Address 342 Westcott Road		Street Address 6 Hunter Ridge Dr					
^{City} North Scituate	State RI	^{Z₁p} 02857	^{City} North Scituate	State RI	^{Zip} 02857		
8. List ALL directors (names and	daddresses). RI Cor	porations MUST	list at least THREE directors.	Check the box to indic	cate an attachment		
Director Name Steven Como		Director Name Adam Hebert					
Street Address 119 Elmdale Road		Street Address &3 Danielson Pike					
City North Scituate	State RI	^{Zip} 02857	City North Scituate	State RI	^{Zip} 02857		
Director Name Megan Umbriano			Director Name Dennis Charland				
Street Address 215 Plainfield Pike		Street Address 6 Hunter Ridge Dr					
^{City} North Scituate	State RI	^{Zıp} 02857	City North Scituate	State Ri	^{Zip} 02857		
9. The Registered Agent informa	ation of record with t	he RI Departmen	t of State is accurate. Changes re	quire filing Form 64	1.		
Under penalty of perjury, I dec statements, and that all stater	clare and affirm tha ments contained he	erein are true an	nd this report, including any acc d correct.	companying sched	ules and		
This report must be signed by either the I	President, Vice-President,	Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repre-	sentative, Receiver or Tru	stee.		
Name of Officer/Authorized Representative			Date				
Dennis J. Charland			2/28/2023	2/28/2023			
Signature of Officer/Authorized F	Representative	// [//					
FILED FILED							
MAIL TO:	-						

Division of Business-Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ru.gov

FORM 631 - Revised: 2/2023