



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.

RECEIVED  
RI DEPT. OF STATE  
BUSINESS SERVICES DIVISION  
2023 FEB 28 AM 9:47

1. Entity ID Number 000027949		2. Exact name of the Corporation North Scituate Fire Department #1 of the Town of Scituate, RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island service to the community for fire, rescue and other emergency services			
4. NAICS Code 813319					
6. Principal Office Address 201 Danielson Pike			City North Scituate	State RI	Zip 02857
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 Petsching			Treasurer Name Dennis Charland		
Street Address 342 Westcott Road			Street Address 6 Hunter Ridge Dr		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Steven Como			Director Name Adam Hebert		
Street Address 119 Elmdale Road			Street Address 63 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	Zip 02857	City North Scituate	State Ri	Zip 02857
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 Dennis J. Charland				Date 2/28/2023	
Signature of Officer/Authorized Representative 					

FILED

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

FEB 28 2023  
BY ml FR9B3