



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 000029445

2. Name of Corporation THE SOUTH KINGSTOWN FIREFIGHTERS RELIEF ASSOCIATION

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624230

4. Principal Office Address

No. and Street: PO BOX 3492

City or Town: PEACE DALE State: RI Zip: 02883 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ENACTED BY THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1970 TO PROVIDE RELIEF TO ITS MEMBERS OR THEIR FAMILIES IN TIME OF NEED IN ACCORDANCE WITH ITS BY-LAWS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	HILDING T MUNSON	123 GOOSEBERRY RD SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	DIANNE LEPAGE	167 LIBERTY LN WEST KINGSTON , RI 02892 USA
DIRECTOR	NATHAN T STREET	9 OLD TAVERN RD ASHAWAY, RI 02804 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATHAN T. STREET 9 OLD TAVERN RD ASHAWAY , RI 02804

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of March, 2023 at 4:58:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By NATHAN STREET
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved