



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

APR 27 2023

BY 112 *KL*

1. Entity ID Number 27959		2. Exact name of the Corporation Little Compton Volunteer Fire Department			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island A volunteer fire department.			
4. NAICS Code 922160					
6. Principal Office Address P. O. Box 552			City Little Compton	State R.I.	Zip 02837
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jack Crook			Vice-President Name Bruce Shippee		
Street Address 40 Bramblewood Cross			Street Address 81 Pottersville Road		
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
Secretary Name Douglas Crook			Treasurer Name Douglas Crook		
Street Address 461 West Main Road			Street Address 461 West Main Road		
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
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 Jack Crook - President			Director Name Bruce Shippee		
Street Address 40 Bramblewood Cross			Street Address 81 Pottersville Road		
City Little Compton	State R.I.	Zip 02837	City Little Compton	State R.I.	Zip 02837
Director Name Douglas Crook			Director Name		
Street Address 461 West Main Road			Street Address		
City Little Compton	State R.I.	Zip 02837	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jack Crook - President L.C.V.F.D.				Date 10 April 2023	
Signature of Officer/Authorized Representative <i>[Signature]</i> President LCVFD				PLACE DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov