RI SOS Filing Number: 202335651500 Date: 5/15/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

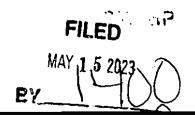
Annual Report for the year: 2023

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.



1. Entity ID Number 000131762	2 Exact name of the Corporation Heavy Rescue Institute				
State of Incorporation RI	Brief description of the character of business conducted in Rhode Island Rescue training				
4. NAICS Code 611519					
6. Principal Office Address 155 South Main Street, Suite 100			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Michael J Bates			Vice-President Name Dennis E Macedo		
Street Address 12 Webster Street			Street Address 3 Wood Haul Road		
^{City} Lincoln	State RI	^{Zip} 02885	^{City} Mashpee	State MA	Z _{IP} 02649
Secretary Name Richard Alfes			Treasurer Name Richard Alfes		
Street Address 15 Lynns Corner Road			Street Address 15 Lynns Corner Road		
^{City} Woodbury	State CT	^{Zip} 06798	City Woodbury	State CT	Zip 06798
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Michael J Bates			Director Name Richard Alfes		
Street Address 12 Webster Street			Street Address 15 Lynns Corner Road		
^{City} Lincoln	State RI	^{Zip} 02885	^{City} Woodbury	State CT	Zip UU / 90
Director Name Dennis E Macedo			Director Name Harold Dean Paderick		
Street Address 3 Wood Haul Road			Street Address 127 Leathemeck Road		
^{City} Mashpee	State MA	^{Zip} 02649	^{City} Troutville	State VA	Zip 24175
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 Michael J Bates				Apr 28	२०१३
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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