



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.

FILED
MAY 15 2023
BY 1400
JD

1. Entity ID Number 000131762		2. Exact name of the Corporation Heavy Rescue Institute			
3. State of Incorporation RI		5. 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 <input type="checkbox"/>					
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	Zip 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 <input type="checkbox"/>					
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 06798
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.					
<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 Michael J Bates					Date Apr 28 2023
Signature of Officer/Authorized Representative 					

MAIL TO:
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