



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

JUN 23 2023
BY 1023

1. Entity ID Number 000028502		2. Exact name of the Corporation Middletown Rescue Wagon Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support of rescue trucks for the Middletown Fire Department			
4. NAICS Code 813990					
6. Principal Office Address 239 Wyatt Rd.			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Mitchell			Vice-President Name Brian DeFreitas		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name James Gruczka			Treasurer Name Jonathan Reese		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 Elvis DaCamara			Director Name Nathan McGillivray		
Street Address 239 Wyatt Rd.			Street Address 239 Wyatt Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name James Peplau			Director Name		
Street Address 239 Wyatt Rd.			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
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 Joseph Mitchell				Date 6/10/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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