

**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 - **ENTER THE CURRENT FILING YEAR 2023:** 20231. Corporate ID No. 0001223322. Name of Corporation North Smithfield Fire/Rescue Service, Inc.

3. State of Incorporation

State: RI**NAICS CODE**

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

622110**4. Principal Office Address**No. and Street: 1470 PROVIDENCE PIKECity or Town: NORTH SMITHFIELDState: RIZip: 02896Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO RECEIVE, HOLD AND ADMINISTER PROPERTY AND EMPLOY THE SAME IN THE OPERATION OF A FIRE DEPARTMENT IN THE TOWN OF NORTH SMITHFIELD.

**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 | Address |
|-------|-----------------|---------|
|-------|-----------------|---------|

|                | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country          |
|----------------|-----------------------------|----------------------------------------------------------|
| PRESIDENT      | MICHAEL CREPEAU             | 669 WOONSOCKET HILL RD<br>NORTH SMITHFIELD, RI 02896 USA |
| TREASURER      | DANIEL OBRIEN               | 38 HOMECREST AVE<br>SLATERSVILLE, RI 02876 USA           |
| DIRECTOR       | PAMELA LABARRE              | 22 TALL TIMBER TRAIL<br>NORTH SMITHFIELD, RI 02896 USA   |
| VICE PRESIDENT | KENNETH PELOQUIN            | 546 WOONSOCKET HILL RD<br>NORTH SMITHFIELD, RI 02896 USA |
| DIRECTOR       | PAUL JONES                  | 9 OAKLAWN RD<br>NORTH SMITHFIELD, RI 02896 USA           |
| DIRECTOR       | CHRIS PUCCETTI              | 12 WILDWOOD RD<br>NORTH SMITHFIELD, RI 02896 USA         |
| DIRECTOR       | STEVE MORIN                 | 136 MOUNT PLEASANT RD<br>NORTH SMITHFIELD, RI 02896 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**

PAUL LEFEBVRE 1470 PROVIDENCE PIKE NORTH SMITHFIELD , RI 02896

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

**Signed this 8 Day of August, 2023 at 11:15:59 AM 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 DAVID R. CHARTIER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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