



Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2024

FILED

FEB 01 2024

BY [Signature] 1020.

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

1. Entity ID Number <u>29056</u>	2. Exact name of the Corporation <u>Snug Harbor Volunteer Fire Association Ladies Auxiliary</u>				
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island. <u>Help the fireman for the Snug Harbor Station for the union time district of RI - RI</u>				
4. NAICS Code <u>813990</u>					
6. Principal Office Address <u>50 Hartford Ave</u>		City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Judy munsen</u>		Vice-President Name <u>BARBARA FRAGASSA</u>			
Street Address <u>123 Coaseberry Rd</u>		Street Address <u>50 Hartford Ave</u>			
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name <u>PAT CRANDALL</u>		Treasurer Name <u>FRANCIS K. SHERMAN</u>			
Street Address <u>115 Coaseberry Rd</u>		Street Address <u>77 HULL ST</u>			
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
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 <u>Judy munsen</u>		Director Name <u>BARBARA FRAGASSA</u>			
Street Address <u>123 Coaseberry Rd</u>		Street Address <u>50 Hartford Ave</u>			
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
Director Name <u>PAT CRANDALL</u>		Director Name <u>FRANCIS SHERMAN</u>			
Street Address <u>115 Coaseberry Rd</u>		Street Address <u>77 HULL ST</u>			
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
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.					
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 <u>FRANCIS K SHERMAN</u>			Date <u>1/29/24</u>		
Signature of Officer/Authorized Representative <u>[Signature]</u>					