



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 FEB 7 AM 11:55:37

Annual Report for the year: 2024  
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 000028400		2. Exact name of the Corporation The Oakland Beach Volunteer Fire Company			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Private club with auxiliary-sponsor LOCL charities and sport teams.			
4. NAICS Code 813319					
6. Principal Office Address 645 Oakland Beach Avenue		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Ronald Manfredo			Vice-President Name Dennis Cahoon		
Street Address 31 Largo Rd			Street Address 3525 West Shore Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Joseph Cavanagua			Treasurer Name Joshua Manfredo		
Street Address 75 Chelmsford Ave			Street Address 31 Largo Rd		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Kenneth Hudson			Director Name Ray Kelly		
Street Address 120 Pheasant Ave			Street Address 285 S. Clarendon St		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02910
Director Name William Lucas			Director Name		
Street Address 320 Horseneck Rd			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>Ronald Manfredo</b>					Date 2/7/24
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

FILED

FEB 07 2024

BY ML EKJ29

FORM 631- Revised: 12/2023