



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 14 2024

6102

- 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 26753		2. Exact name of the Corporation ASHAWAY VOLUNTEER FIRE ASSOCIATION, INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preservation of life and property within the Village of Ashaway and in the surrounding territories whenever an emergency arises or when aid is requested			
4. NAICS Code 624230 - Emergency and Other R					
6. Principal Office Address 213 MAIN STREET PO BOX 44		City ASHAWAY	State RI	Zip 02804	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRISTOPHER L WILLIAMS			Vice-President Name SHEA D LAW		
Street Address 9 OLD HOPKINTON CEMETERY ROAD			Street Address 233 MAIN STREET		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name KAITLYNN E CARREIRO			Treasurer Name RICHARD S STOCKMAN		
Street Address 9 PAULINE STREET			Street Address 11 PIGEON HILL COVE		
City WESTERLY	State RI	Zip 02891	City BRADFORD	State RI	Zip 02808
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 RONNIE J SPOSATO			Director Name RICHARD M GIRTON JR		
Street Address 40 MAXSON HILL ROAD			Street Address 180 ASHAWAY ROAD		
City ASHAWAY	State RI	Zip 02804	City BRADFORD	State RI	Zip 02808
Director Name TODD C ALLEN			Director Name JONATHAN D LAW		
Street Address 1 KENT AVENUE			Street Address 233 MAIN STREET		
City WESTERLY	State RI	Zip 02891	City ASHAWAY	State RI	Zip 02804
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 RICHARD M GIRTON JR				Date 8 FEBRUARY 2024	
Signature of Officer/Authorized Representative <i>Richard M Girton Jr</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov