RI SOS Filing Number: 202447444520 Date: 2/26/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FEB 26 2024
02378

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	2. Exact name of the Corporation
82245	HianLoLand Fire Co.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Provide Fire + Rescue services to the Town of West Greenwich R.I. and surrounding Communities as requested
4. NAICS Code	
624230	

6. Principal Office Address	City	State	Zip
270 Victory Highway	West Greenwich	RI	02817

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Joshua Parkinson	11 Old Summit Rd.	Greene	RI	02827

Vice-President Name	Street Address	City	State	Zip
Michael Winemiller	46 Carriage Hill Rd.	Foster	RI	02825

Secretary Name	Street Address	City	State	Zip
Michael Amaral	240 Quarry St.	E. Providence	RI	02914

Treasurer Name	Street Address	City	State	Zip
Henry Eberle	270 Greenhouse Rd	Greene	RI	02827

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment: ☐

Director Name	Street Address	City	State	Zip
Richard Patterson Jr.	93 Victory Hwy	W. Greenwich	RI	02817

Director Name	Street Address	City	State	Zip
Thomas McLaheey	315 Fry Pond Rd	W. Greenwich	RI	02817

Director Name	Street Address	City	State	Zip
Joshua Parkinson	11 Old Summit Rd.	Greene	RI	02827

Director Name	Street Address	City	State	Zip
Ernest Harrington	340 Victory Hwy	W. Greenwich	RI	02817

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.

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	Date
Henry Eberle	2/21/24

Signature of Officer/Authorized Representative

Treasurer HianLoLand Fire Co.

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

FORM 631- Revised 12/2023