



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

APR 10 2024 *OL*

116

- 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 537741		2. Exact name of the Corporation West Greenwich Fire & Rescue Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fire and Rescue service as Local 4771 Administrative Service. As employees of the Town of West Greenwich	
4. NAICS Code 813930			
6. Principal Office Address 733 Victory Hwy		City West Greenwich	State RI
		Zip 02817	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Gilbert Medeiros		Vice-President Name Justin Cerblano	
Street Address 831 Main Ave		Street Address 18 Cherry Blossom Lane	
City Warwick	State RI	City Coventry	State RI
Zip 02886		Zip 02816	
Secretary Name Dante Fabrizio		Treasurer Name Tom Kilday JR	
Street Address 124 Hamilton Street		Street Address 54 Donald Potter Rd	
City West Warwick	State RI	City West Greenwich	State RI
Zip 02893		Zip 02817	
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 Gilbert Medeiros		Director Name Justin Cerblano	
Street Address 831 Main Ave		Street Address 18 Cherry Blossom Lane	
City Warwick	State RI	City Coventry	State RI
Zip 02886		Zip 02816	
Director Name Dante Fabrizio		Director Name Tom Kilday JR	
Street Address 124 Hamilton Street		Street Address 54 Donald Potter Rd	
City West Warwick	State RI	City West Greenwich	State RI
Zip 02893		Zip 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.			
<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 Gilbert Medeiros			Date 4-5-24
Signature of Officer/Authorized Representative <i>Gilbert Medeiros</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