



State of Rhode Island
Department of State - Business Services Division

FILED

APR 11 2024

BY 


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 704225		2. Exact name of the Corporation Warwick Fire Fighters Local 2748			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Representation of members of the Local in connection with all labor and other union business.			
4. NAICS Code 813930					
6. Principal Office Address P.O. Box 7209			City Warwick	State RI	Zip 02887
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Noah Craven			Vice-President Name Michael DeFusco		
Street Address P.O. Box 7209			Street Address P.O. Box 7209		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
Secretary Name Richard Cooney			Treasurer Name Brandon Ingegneri		
Street Address P.O. Box 7209			Street Address P.O. Box 7209		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
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 Noah Craven			Director Name Michael DeFusco		
Street Address P.O. Box 7209			Street Address P.O. Box 7209		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
Director Name Richard Cooney			Director Name Brandon Ingegneri		
Street Address P.O. Box 7209			Street Address P.O. Box 7209		
City Warwick	State RI	Zip 02887	City Warwick	State RI	Zip 02887
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 Noah Craven					Date 4/8/2024
Signature of Officer/Authorized Representative 					

MAIL TO:

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