



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2022**  
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.

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RI DEPT. OF STATE  
BUS SVCS DIV  
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1. Entity ID Number <b>100590</b>		2. Exact name of the Corporation <b>Kingston Volunteer Fire Company</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>VOLUNTEER FIRE, Kingston Fire Company</b>			
4. NAICS Code <b>922160</b>					
6. Principal Office Address <b>35 Bills rd</b>			City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CHARLES HALL</b>			Vice-President Name <b>MATTHEW CHARELLO</b>		
Street Address <b>30 HERTAIGE DR</b>			Street Address <b>126 RICHMOND TOWNHSE RD</b>		
City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>RICHMOUND</b>	State <b>RI</b>	Zip <b>02812</b>
Secretary Name <b>LAUREN HANNON</b>			Treasurer Name <b>ROBERT HUTCHINSON</b>		
Street Address <b>10 SUNSET ST</b>			Street Address <b>222 YAWGOO VLY RD</b>		
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
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 <b>Charles Hall</b>			Director Name <b>Robert Hutchinson</b>		
Street Address <b>30 Heritage Dr</b>			Street Address <b>222 yawgoo Valley Rd</b>		
City <b>kingston</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Director Name <b>Lauren Hannon</b>			Director Name		
Street Address <b>10 Sunset</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02879</b>	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>					
<small>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Robert Hutchinson</b>					Date <b>07/04/2023</b>
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

OCT 11 2024  
BY **ELX3H**

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