



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2020**
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
REC'D RIDG BSO A 10:25
OCT 11 2024

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