



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**  
 JAN 21 2025  
 BY WLS

**Annual Report for the year:** 2025  
**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<br><b>26753</b>  |                 | 2. Exact name of the Corporation<br><b>ASHAWAY VOLUNTEER FIRE ASSOCIATION, INC.</b>  |   |                                |                     |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Preservation of life and property within the Village of Ashaway and in the surrounding territories whenever an emergency arises or when aid is requested</b> |   |                                |                     |
| 4. NAICS Code<br><b>624230 - Emergency and Other F</b>   |                 |  |   |                                |                     |
| 6. Principal Office Address<br><b>213 MAIN STREET PO BOX 44</b>  |                 |  | City<br><b>ASHAWAY</b>                    | State<br><b>RI</b>             | Zip<br><b>02804</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>JESSE D KING</b>   |                 |  | Vice-President Name <b>SHEA D LAW</b>     |                                |                     |
| Street Address <b>79 BRANDYWINE DRIVE</b>  |                 |  | Street Address <b>233 MAIN STREET</b>     |                                |                     |
| City <b>WESTERLY</b>   | State <b>RI</b> | Zip <b>02891</b>   | City <b>ASHAWAY</b>                       | State <b>RI</b>                | Zip <b>02804</b>    |
| Secretary Name <b>KAITLYNN E CARREIRO</b>  |                 |  | Treasurer Name <b>RICHARD S STOCKMAN</b>  |                                |                     |
| Street Address <b>9 PAULINE STREET</b>   |                 |  | Street Address <b>11 PIGEON HILL COVE</b> |                                |                     |
| City <b>WESTERLY</b>   | State <b>RI</b> | Zip <b>02891</b>   | City <b>BRADFORD</b>                      | State <b>RI</b>                | Zip <b>02808</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>RONNIE J SPOSATO</b>  |                 |  | Director Name <b>RICHARD M GIRTON JR</b>  |                                |                     |
| Street Address <b>40 MAXSON HILL ROAD</b>  |                 |  | Street Address <b>180 ASHAWAY ROAD</b>    |                                |                     |
| City <b>ASHAWAY</b>  | State <b>RI</b> | Zip <b>02804</b>   | City <b>BRADFORD</b>                      | State <b>RI</b>                | Zip <b>02808</b>    |
| Director Name <b>JONATHAN D LAW</b>  |                 |  | Director Name <b>NICHOLAS L VETELINO</b>  |                                |                     |
| Street Address <b>233 MAIN STREET</b>  |                 |  | Street Address <b>15 SAUNDRA DRIVE</b>    |                                |                     |
| City <b>ASHAWAY</b>  | State <b>RI</b> | Zip <b>02804</b>   | City <b>WESTERLY</b>                      | State <b>RI</b>                | Zip <b>02891</b>    |
| 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>        |                 |  |   |                                |                     |
| <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<br><b>RICHARD M GIRTON JR</b>  |                 |  |   | Date<br><b>16 JANUARY 2025</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Richard M. Girton Jr.</i>   |                 |  |   |                                |                     |

**MAIL TO:**  
 Division of Business Services  
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