



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 06 2025

BY

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 000028691		2. Exact name of the Corporation CHEPACHET FIRE COMPANY	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island VOLUNTEER FIRE COMPANY FUND RAISING FOR MEMBERS	
4. NAICS Code 922100			
6. Principal Office Address 1170 PUTNAM PIKE		City CHEPACHET	State RI
		Zip 02814	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MATTHEW FLYNN		Vice-President Name JASON ROGGER	
Street Address 6 POUND RD		Street Address 456 TOURTELLOT HILL RD	
City CHEPACHET	State RI	City CHEPACHET	State RI
Zip 02814		Zip 02814	
Secretary Name LINDSEY GRISSOM		Treasurer Name ANDREW NOYES	
Street Address 364 CHLOMIST HILL RD		Street Address 164 LAKE DR	
City CHEPACHET	State RI	City CHEPACHET	State RI
Zip 02814		Zip 02814	
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 DENNIS HUESTIS		Director Name MICHAEL COLE	
Street Address 26 CHESTNUT HILL		Street Address KEARNS ST	
City CHEPACHET	State RI	City CHEPACHET	State RI
Zip 02814		Zip 02814	
Director Name ROBERT SHIELDS		Director Name	
Street Address 335 PINE ORCHARD RD		Street Address	
City CHEPACHET	State RI	City	State
Zip 02814		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative DENNIS HUESTIS			Date 2/4/25
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

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