



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 04 2025

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.

(CBR) BY 2798

1. Entity ID Number <u>000029128</u>		2. Exact name of the Corporation <u>The Wakefield Fire Dept. of Union Fire Dist. in S.K</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Volunteer Fire Dept.</u> RI	
4. NAICS Code <u>922160</u>			
6. Principal Office Address <u>197 Robinson St.</u>		City <u>Wakefield</u>	State <u>R.I.</u> Zip <u>02879</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Dan Northup</u>		Vice-President Name <u>Gerek Wetherell</u>	
Street Address <u>13 Pine St.</u>		Street Address <u>87 Spencer Ct.</u>	
City <u>Wakefield</u>	State <u>R.I.</u>	City <u>Wakefield</u>	State <u>R.I.</u> Zip <u>02879</u>
Secretary Name <u>Karissa Northup</u>		Treasurer Name <u>Marc Winemiller</u>	
Street Address <u>13 Pine St.</u>		Street Address <u>254 Allen Ave</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>R.I.</u> Zip <u>02879</u>
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 <u>DAN Northup</u>		Director Name <u>Marc Winemiller</u>	
Street Address <u>13 Pine St.</u>		Street Address <u>254 Allen Ave</u>	
City <u>Wakefield</u>	State <u>RI</u>	City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>
Director Name <u>Gerek Wetherell</u>		Director Name <u>Karissa Northup</u>	
Street Address <u>87 Spencer Ct.</u>		Street Address <u>13 Pine St.</u>	
City <u>Wakefield</u>	State <u>R.I.</u>	City <u>Wakefield</u>	State <u>RI</u> Zip <u>02879</u>
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 <u>Marc Winemiller Treasurer</u>			Date <u>Feb 1st 2025</u>
Signature of Officer/Authorized Representative <u>Marc Winemiller</u>			

MAIL TO:

Division of Business Services

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