

State of Rhode Island Department of State - Business Services Division

FILED

MAR 04 2025

Annual Report for the year:	2025		MAR 04 2025
Non-Profit Corporation	2700		
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00		(067)	3Y_2798
→ Penalty: Additional \$25.00 fee if			·
1. Entity ID Number	2. Exact name of the Corporation	16.7 + 111	a a
000029128		Me Dept. of Union	Fire Dist. IN S.K
3. State of Incorporation	1	r of business conducted in Rhode Isl	and RJ
Khode Island	Volunteer Fin	re Dept.	
4. NAICS Code	·		
922160			
6. Principal Office Address		City	State Zip
197 Robinson &	St.	Wakefield	R.I. 10287
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
President Name Dan Nor	thup	Vice-President Name Gerek	Wetherell
Street Address /3 /	Pine St.	Street Address 87 Spence	-Ct.
CHY Wake Cold	State R.T. Zip 02879	CHY Wake Geld	State T. Zip 287
Secretary Name Kan3SA	Northua	Treasurer Name Mare U	Diverniller
Stroot Address	ine St.	Street Address ALLEN AN	
City La Va Lie ld	State RI Zip 02879	City Wale Could	State R.T. Zip 287
8. List ALL directors (names and ac	ddresses). RI Corporations MUST lis	t at least THREE directors.	1 12 10007
Check the box to indicate an attachment			
Director Name	lorthup	Director Name Marcui	vemiller
Street Address 13 Pine	e 5t.	Street Address 4 Allen	Aue
City Walefred	State RI Zip 02879	cry wakesied	State RI Zin 879
Director Name Ge Co. K	Womerpll	Director Name	SCHUP
Street Address 80 C Street Address 2 1 Street Address			
	encer Ct.	13 PINE	10, 10
city Waketield	State R.T. Zip 2879	City Wake Held	State Joseph
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
	re and affirm that I have examined nts contained herein are true and	this report, including any accomp	panying schedules and
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Repres	sentative, /		Date
	miller Trea	asurer	Feb 1 2025
Signature of Officer/Authorized Representative			

MÁIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov