RI SOS Filing Number: 202569347840 Date: 4/8/2025 10:38:00 AM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

- 1. Corporate ID No. 000035018
- 2. Name of Corporation Harmony Fire Department & Improvement Association
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

813910

4. Principal Office Address

No. and Street: 194 PUTNAM PIKE

City or Town: <u>CHEPACHET</u> State: <u>RI</u> Zip: <u>02814</u> Country: <u>USA</u>

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ASSOC. OF THE ACTIVE FIREFIGHTERS AND CREW OF THE HARMONY FIRE DEPT.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	TOM O MALOTT III	123 DOUGLAS HOOK RD CHEPACHET, RI 02814 USA
DIRECTOR	WILLIAM VOTA	38 BROOK HILL RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	MIKE SEARS	6 STONEHENGE DRIVE UNIT 311W SMITHFIELD, RI 02828 USA
DIRECTOR	ALLEN SILVERMAN	90 WOODHAVEN RD PAWTUCKET, RI 02861 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

TOM O MALOTT III 194 PUTNAM PIKE CHEPACHET, RI 02814

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of April, 2025 at 10:39:00 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By TOM O MALOTT III

Signature of Authorized Person

Form No. 631 Revised 09/07

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