



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 22 2025
BY [Signature]

1. Entity ID Number <u>82245</u>		2. Exact name of the Corporation <u>HianLoLand Fire Co.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Provide Fire and Rescue services to the Town of West Greenwich and surrounding Communities</u>	
4. NAICS Code <u>624230</u>			
6. Principal Office Address <u>270 Victory Hwy</u>		City <u>West Greenwich</u>	State <u>RI</u> Zip <u>02817</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Joshua Parkinson</u>		Vice-President Name <u>Michael Wine Miller</u>	
Street Address <u>11 Old Summit Rd</u>		Street Address <u>46 Carriage Hill Road</u>	
City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>	City <u>Foster</u> State <u>RI</u> Zip <u>02825</u>
Secretary Name <u>Henry Guzeika</u>		Treasurer Name <u>Henry Eberle</u>	
Street Address <u>111 Stubble Brook Rd</u>		Street Address <u>270 Greenhouse Road</u>	
City <u>W. Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>Greene</u> State <u>RI</u> Zip <u>02827</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Richard Patterson Jr.</u>		Director Name <u>Joshua Parkinson</u>	
Street Address <u>93 Victory Hwy</u>		Street Address <u>11 Old Summit Road</u>	
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02827</u>	City <u>Greene</u> State <u>RI</u> Zip <u>02827</u>
Director Name <u>William Seale</u>		Director Name <u>Henry Guzeika</u>	
Street Address <u>19 Arthur Richmond Dr.</u>		Street Address <u>111 Stubble Brook Rd</u>	
City <u>W. Greenwich</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>W. Greenwich</u> State <u>RI</u> Zip <u>02817</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>[Signature]</u>			Date <u>4/15/25</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
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