State of Rhode Island
Department of State - Business Services Division

FILED
APR 22 2025
BY 0264

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	2. Exact name of the Corporation
82245	HianLoLand Fire Co.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Provide Fire and Rescue services to the Town of West Greenwich and surrounding Communities
4. NAICS Code: 624230	

6. Principal Office Address	City	State	Zip
270 Victory Hwy	West Greenwich	RI	02817

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Joshua Parkinson	Michael Winemiller
Street Address: 11 Old Summit Rd	Street Address: 46 Carriage Hill Road
City: Greene; State: RI; Zip: 02827	City: Foster; State: RI; Zip: 02825
Secretary Name: Henry Guzeika	**Treasurer Name:** Henry Eberle
Street Address: 111 Stubble Brook Rd	Street Address: 270 Greenhouse Road
City: W. Greenwich; State: RI; Zip: 02817	City: Greene; State: RI; Zip: 02827

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Richard Patterson Jr.	Joshua Parkinson
Street Address: 93 Victory Hwy	Street Address: 11 Old Summit Road
City: Coventry; State: RI; Zip: 02827	City: Greene; State: RI; Zip: 02827
Director Name: William Seale	**Director Name:** Henry Guzeika
Street Address: 19 Arthur Richmond Dr.	Street Address: 111 Stubble Brook Rd
City: W. Greenwich; State: RI; Zip: 02817	City: W. Greenwich; State: RI; Zip: 02817

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	Date
R O [illegible]	4/15/25

Signature of Officer/Authorized Representative

MAIL TO:
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