



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entry ID Number <u>537791</u> <u>MEUKASHA</u>		2. Exact name of the Corporation <u>West Greenwich Fire/Rescue Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Fire/Rescue Service as Local 4771</u> <u>Administrative Service as OF employees of</u> <u>TOWN OF West Greenwich, RI</u>	
4. NAICS Code <u>813930</u>			
6. Principal Office Address <u>733 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>Gilbert Medeiros</u>		Vice-President Name <u>Justin Cetbrano</u>	
Street Address <u>831 Main Ave</u>		Street Address <u>18 cherry Blossom LA</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u> Zip <u>02816</u>
Secretary Name <u>Dante Fabrizio</u>		Treasurer Name <u>Tom Kilday JR</u>	
Street Address <u>336 Weaver Hill Rd</u>		Street Address <u>54 Donald Potter Rd</u>	
City <u>West Greenwich</u>	State <u>RI</u>	City <u>West Greenwich</u>	State <u>RI</u> Zip <u>02817</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>Gilbert Medeiros</u>		Director Name <u>Justin Cetbrano</u>	
Street Address <u>831 Main Ave</u>		Street Address <u>18 cherry Blossom Lane</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u> Zip <u>02816</u>
Director Name <u>Dante Fabrizio</u>		Director Name <u>Tom Kilday JR</u>	
Street Address <u>336 124 Horni Weaver Hill Rd</u>		Street Address <u>54 Donald Potter Rd</u>	
City <u>West Greenwich</u>	State <u>RI</u>	City <u>West 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>Gilbert Medeiros</u>			Date <u>7-8-25</u>
Signature of Officer/Authorized Representative <u>Gilbert Medeiros</u>			

FILED

JUN 14 2025

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