State of Rhode Island
Department of State - Business Services Division

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.

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1. Entity ID Number 537741	2. Exact name of the Corporation: West Greenwich Fire/Rescue Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Fire/Rescue service as Local 4771 Administative service as OF employees OF Town OF West Greenwich, RI
4. NAICS Code: 813930	
6. Principal Office Address: 733 victory Hwy	City: West Greenwich; State: RI; Zip: 02817

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

President Name: Gilbert Medeiros	Vice-President Name: Justin Cerbrano
Street Address: 831 Main Ave	Street Address: 18 cherry Blossom LA
City: Warwick; State: RI; Zip: 02886	City: Coventry; State: RI; Zip: 02816
Secretary Name: Dante Fabrizio	Treasurer Name: Tom Kilday JR
Street Address: 336 Weaver Hill Rd	Street Address: 54 Donald Potter Rd
City: West Greenwich; State: RI; Zip: 02817	City: West Greenwich; State: RI; Zip: 02817

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

Director Name: Gilbert Medeiros	Director Name: Justin Cerbrano
Street Address: 831 Main Ave	Street Address: 18 cherry Blossom Lane
City: Warwick; State: RI; Zip: 02886	City: Coventry; State: RI; Zip: 02816
Director Name: Dante Fabrizio	Director Name: Tom Kilday JR
Street Address: 336 ~~134 Hart~~ Weaver Hill Rd	Street Address: 54 Donald Potter Rt
City: West Greenwich; State: RI; Zip: 02817	City: West 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: Gilbert Medeiros	Date: 7-8-25
Signature of Officer/Authorized Representative: Gilbert Medeiros	FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 14 2025
BY

FORM 631 - Revised: 11/2021