RI SOS Filing Number: 202577111350 Date: 7/18/2025 4:00:00 PM

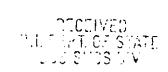


## State of Rhode IslandDepartment of State - Business Services Division

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing penod: February 1 - May 1

→ Filing Fee: \$20.00



275 JUL 18 A II: 27

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.					
Entity ID Number	2. Exact name of the Corporation				
000028502	Middletown Rescue Wagon Association				
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Support of rescue trucks for the Middletown Fire Department				
4 NAICS Code					
813990					
6 Principal Office Address			City	State	Zip
239 Wyatt Rd			Middletown	RI	02842
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Joseph Mitchell			Vice-President Name Brian DeFreitas		
Street Address 239 Wyatt Rd			Street Address 239 Wyatt Rd		
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	City Middletown	State RI	<sup>Zip</sup> 02842
Secretary Name James Gruczka			Treasurer Name Jonathan Reese		
Street Address 239 Wyatt Rd			Street Address 239 Wyatt Rd		
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	City Middletown	State RI	Z <sub>IP</sub> 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Elvis DaCamara			Director Name Nathan McGillivray		
Street Address 239 Wyatt Rd			Street Address 239 Wyatt Rd		
<sup>City</sup> Middletown	State RI	<sup>Zip</sup> 02842	City Middletown	State RI	Zip U2042
Director Name Robert McCall			Director Name		
Street Address 239 Wyatt Rd			Street Address		
City Middletown	State RI	<sup>Zip</sup> 02842	City	State	Zip
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	
Joseph Mitchell 07/15/2025					
Signature of Officer/Authorized Representative  ———————————————————————————————————					
MAII TO:			<del></del>	<del>.tU</del>	

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 1 8 2025

BY 10250RM 631- Revised 12/2023