



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 000028502		2. Exact name of the Corporation Middletown Rescue Wagon Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support of rescue trucks for the Middletown Fire Department	
4. NAICS Code 813990			
6. Principal Office Address 239 Wyatt Rd		City Middletown	State RI
		Zip 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	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Secretary Name James Gruczka		Treasurer Name Jonathan Reese	
Street Address 239 Wyatt Rd		Street Address 239 Wyatt Rd	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 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	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Director Name Robert McCall		Director Name	
Street Address 239 Wyatt Rd		Street Address	
City Middletown	State RI	City	State
Zip 02842		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.			
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Joseph Mitchell			Date 07/15/2025
Signature of Officer/Authorized Representative 			

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

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 FORM 631- Revised 12/2023