



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.  
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>28057</b>		2. Exact name of the Corporation <b>North Tiverton Volunteer Fire Department</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To Protect Life &amp; Property</b>			
5. Principal office address <b>19 Bayview Ave</b>		City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	
President Name <b>Robert Sedoma</b>		Vice-President Name <b>Roger LePage</b>			
Street Address <b>19 Bayview Ave</b>		Street Address <b>214 Fairwood Cir</b>			
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
Secretary Name <b>Joseph C. Perry</b>		Treasurer Name <b>Jeffrey Cooley</b>			
Street Address <b>133 East Bourne Ave</b>		Street Address <b>34 High Ridge Terrace</b>			
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
LIST ALL DIRECTORS/NAVES AND ADDRESSES. RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS IF 30 OR MORE, LIST 30. <input type="checkbox"/>					
Director Name <b>Alan Souza</b>		Director Name <b>Paul Voboril</b>			
Street Address <b>190 Fish Rd</b>		Street Address <b>27 Fish Rd</b>			
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
Director Name <b>Roger St Laurent</b>		Director Name			
Street Address <b>120 Hooper St</b>		Street Address			
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
REGISTERED AGENT IN RHODE ISLAND <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee



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.

*Robert Sedoma* **May 1, 2015**  
 Signature of Officer or Authorized Representative Date

**FILED**

**Robert Sedoma President**  
 Print or Type Name of Officer or Authorized Representative

**MAY 20 2015**

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