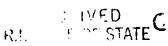
RI SOS Filing Number: 202217230700 Date: 5/5/2022 4:00:00 PM

State of Rhode Island Department of St
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ate - Business Services Division 💎 🗟 😂 🦈

Annual Report for the year: - 2022 111Y -5 A 19 51 2022 **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.

1. Entity ID Number	0.5						
83855		2. Exact name of the Corporation					
State of Incorporation	Cransic	Cranston Vol. Firefighters Museum of Meshanticut Park / OakLawn					
Rhode Island	5. Brief des	5. Brief description of the character of business conducted in Rhode Island					
	Firefight	Firefighters Museum that displays equipment and artifacts of the four (4)					
4. NAICS Code	voluntee	volunteer fire company's that once operated in the City of cranston until 1995.					
813910 - Business Association			_				
6. Principal Office Address			City	State	Zip		
470 Hope Road			Cranston	RI	02921		
7. List ALL officers (names and	d addresses)			Check the box to indi			
President Name James Searles			Vice-President Name Peter Melim				
Street Address 31 Elton Avenue			Street Address 51 Massachusetts Avenue				
City Warwick	State RI	^{Zip} 02889	City Warwick	State RI	Zip 02888		
Secretary Name Paul Sherman			Treasurer Name Vincent	1	02000		
Street Address 200 Cannon Street Unit #144			Street Address 99 Hines Farm Road				
City Cranston	State RI	Z ^{'p} 02920	City Cranston	State RI	^{Zip} 02921		
8. List ALL directors (names an	d addresses). RI (02921		
			Check the box to indicate an attachment				
Director Name Thomas Saco	coccia		Director Name Kenneth Smith				
Street Address 2 Red Fern Drive			Street Address 32 Briarwood Hill Road				
City Cranston	State RI	Z _{ip} 02920	City Exeter	State RI	Zip 02822		
Director Name William Ricci			Director Name John Saccoccia				
Street Address 6 Hi View Dri			Street Address 85 Tomahawk Trail				
City Hope	State RI	^{Zıp} 02831	City Cranston	State RI	^{Zip} 02921		
9. The Registered Agent informa			of State is accurate. Change	S require Clina Cara Odd	02921		
Under penalty of perjury, I de statements, and that all state	clare and affirm t	hat I have examine	thic rapart is study	accompanying schedu	les and		
This report must be signed by either the	President, Vice-Preside	nt, Secretary, Assistant Se	COFFECT.	ngross estatum S			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Rep. Name of Officer/Authorized Representative				Date			
Paul D. Sherman				5/5/2022			
Signature of Officer/Authorized F	Representative	1	,				
	_ Teur	110	<u> </u>	_			
							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov