



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 000029055

**2. Name of Corporation** Snug Harbor Volunteer Fire Association

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 17 BLISS ROAD

PO BOX 45

City or Town: SOUTH KINGSTOWN

State: RI

Zip: 02880-0045

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ORGANIZE THE AFFAIRS OF THE SNUG HARBOR VOLUNTEER FIRE DEPARTMENT.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HILDING MUNSON	123 GOOSEBERRY ROAD WAKEFIELD, RI 02879 USA

DIRECTOR	ABIGAIL BUTLER	20 STATE PARK AVE WARWICK, RI 02886 USA
DIRECTOR	TIMOTHY LITTLEFIELD	1995 COMMODORE PERRY HWY WAKEFIELD, RI 02879 USA
DIRECTOR	ZACHARY RIBAS	30 SCHOONER DRIVE SOUTH KINGSTOWN, RI 02879 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

HILDING MUNSON 17 BLISS ROAD P.O. BOX 45 WAKEFIELD , RI 02879

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 19 Day of May, 2022 at 2:05:23 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TIMOTHY LITTLEFIELD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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