

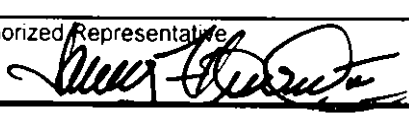


State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 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.

**FILED**  
 JUL 01 2022  
 BY 183114

1. Entity ID Number <b>029452</b>		2. Exact name of the Corporation <b>WARWICK REGULAR FIREMEN'S ASSOCIATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>BANQUET FACILITY AND PRIVATE MEMBERS ONLY CLUB</b>			
4. NAICS Code 813990 - Other Similar Organiza-					
6. Principal Office Address <b>750 WARWICK AVENUE</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JAMES F. HEWITT III</b>		Vice-President Name			
Street Address <b>32 CRANE STREET</b>		Street Address			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City	State	Zip
Secretary Name <b>GEIRGE ASHLEY</b>		Treasurer Name			
Street Address <b>WINSLOW AVENUE</b>		Street Address			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DONNA CONWAY-HEWITT</b>		Director Name <b>MARK BECKLER</b>			
Street Address <b>32 CRANE STREET</b>		Street Address <b>WARWICK AVENUE</b>			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>JOHN QUIRK</b>		Director Name			
Street Address <b>AME COURT</b>		Street Address			
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>JAMES F. HEWITT III</b>				Date <b>05/17/2022</b>	
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov