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R.I. DEPT. OF STATE  
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FOR

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.

1. Entity ID Number <b>31607</b>		2. Exact name of the Corporation <b>Bradford Fire District</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>FIRE PROTECTION JANUARY SESSION 1937</b>			
4. NAICS Code <b>813920 - Professional Organizati</b>					
6. Principal Office Address <b>42 GRANITE STREET</b>		City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</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>FRANK MANFREDI</b>		Vice-President Name			
Street Address <b>169 BRADFORD ROAD</b>		Street Address			
City <b>BRADFORD</b>	State <b>RI</b>	Zip <b>02808</b>	City	State	Zip
Secretary Name <b>ALBERT CLEMENCE</b>		Treasurer Name <b>JOYCE STANCZYK</b>			
Street Address <b>9 OLD CARRIAGE ROAD</b>		Street Address <b>18 LAUDONE DRIVE</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>BRADFORD</b>	State <b>RI</b>	Zip <b>02808</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name <b>FRANK MANFREDI</b>		Director Name			
Street Address <b>169 BRADFORD ROAD</b>		Street Address			
City <b>BRADFORD</b>	State <b>RI</b>	Zip <b>02808</b>	City	State	Zip
Director Name <b>ALBERT CLEMENCE</b>		Director Name <b>JOYCE STANCZYK</b>			
Street Address <b>9 OLD CARRIAGE ROAD</b>		Street Address <b>18 LAUDONE DRIVE</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>BRADFORD</b>	State <b>RI</b>	Zip <b>02808</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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>MARK BERARDO</b>				Date <b>11/10/2022</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

**FILED**  
NOV 10 2022  
BY 99RCM  
*12:22*  
FORM 631 - Revised: 11/2021