



State of Rhode Island
Department of State - Business Services Division

FILED
FEB 21 2023
BY 1537
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Annual Report for the year: 2023
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 000144394		2. Exact name of the Corporation RHODE ISLAND ANTIQUE FIRE APPARATUS SOCIETY			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE INTEREST & APPRECIATION IN THE RESTORATION, PRESERVATION & OPERATION OF FIRE APPARATUS, FIREFIGHTING EQUIPMENT ASSOCIATED WITH THE FIRE SERVICE TITLE: 7-6			
4. NAICS Code 813990					
6. Principal Office Address P.O. BOX 114134			City NORTH PROVIDENCE	State RI	Zip 02911
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name RICHARD GWETTA			Vice-President Name LOUIS RED		
Street Address 495 WOODWARD RD.			Street Address 48 PLEASANT VIEW AVE.		
City NORTH PROVIDENCE	State RI	Zip 02904	City GREENVILLE	State RI	Zip 02828
Secretary Name THOMAS F. SACCOCCIA			Treasurer Name THOMAS F. SACCOCCIA		
Street Address 6 GREENBRIER RD.			Street Address 6 GREENBRIER RD.		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name RAYMOND VERNON			Director Name ROBERT CARLOW		
Street Address 37 IDEAL COURT			Street Address 247 WHITEHEAD RD.		
City EAST GREENWICH	State RI	Zip 02818	City COVENTRY	State RI	Zip 02816
Director Name ROBERT PEACOCK			Director Name JAMES SEARLES		
Street Address 223 WATCH HILL RD.			Street Address 27 STRATHCONIA RD.		
City WESTERLY	State RI	Zip 02891	City CRANSTON	State RI	Zip 02910
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative THOMAS F. SACCOCCIA, TREASURER					Date 1-29-23
Signature of Officer/Authorized Representative <i>Thomas F. Saccoccia</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov