



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

MAR 25 2023

1916 *[Signature]*

- 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 00029452		2. Exact name of the Corporation WARWICK REGULAR FIREMEN'S ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island BANQUET FACILITY AND PRIVATE MEMBERS ONLY CLUB			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 750 WARWICK AVE		City WARWICK		State RI	Zip 02888
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES F HEWITT III			Vice-President Name		
Street Address 3524 WEST SHORE ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name GEORGE ASHLEY			Treasurer Name		
Street Address WINLOW AVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
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 DONNA CONWAY-HEWITT			Director Name MARK BECKLER		
Street Address 3524 WEST SHORE RD.			Street Address WARWICK AVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02888
Director Name JOHN QUIRK			Director Name		
Street Address AME COURT			Street Address		
City CRANSTON	State RI	Zip 02904	City	State	Zip
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.					
<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 JAMES F HEWITT III				Date 3/1/2023	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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