



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

**Annual Report for the year: 2023 Amended  
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>000027035</b>		2. Exact name of the Corporation <b>The Jamestown Fire Department</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>FIRE DEPARTMENT ENACTED BY THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1897</b>			
4. NAICS Code <b>624230</b>					
6. Principal Office Address <b>50 Narragansett Ave.</b>		City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</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>Howard F. Tighe</b>		Vice-President Name <b>STEVEN J. TIEXIENA</b>			
Street Address <b>50 Narragansett Ave</b>		Street Address <b>50 Narragansett Ave.</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Secretary Name <b>PATRICIA PENAY</b>		Treasurer Name <b>JAMES R. BAYLE, JR.</b>			
Street Address <b>50 Narragansett Ave.</b>		Street Address <b>50 Narragansett Ave.</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</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>Howard F. Tighe</b>		Director Name <b>Kyle P. TIEXIENA</b>			
Street Address <b>50 Narragansett Ave.</b>		Street Address <b>50 Narragansett Ave.</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>RONALD J. BARBER</b>		Director Name			
Street Address <b>50 Narragansett Ave.</b>		Street Address			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</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>Howard F. Tighe</b>				Date <b>8/17/23</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

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

AUG 21 2023  
BY A.A. 11:58 AM



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

August 21, 2023 11:58 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

