

REC'D RIDGOS BSD
NOV 24 PM 2:03:17



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

Annual Report for the year: 2023 amended no fee
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 28691	2. Exact name of the Corporation CHEPACHET FIRE COMPANY
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island VOLUNTEER FIRE COMPANY SUPPORTING CHARITIES AND BUYING SUPPLIES
4. NAICS Code 922160	

6. Principal Office Address 1170 PUTNAM PIKE POBOX 755	City CHEPACHET	State RI	Zip 02814
--	--------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name CHRISTOPHER LEONARD			Vice-President Name MATTHEW FLYNN		
Street Address 52 DIAMOND HILL RD			Street Address 6 POUND RD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Secretary Name LEINOSEY GRISSOM			Treasurer Name ANDREW NOYES		
Street Address 364 CHOPMIST HILL RD			Street Address 164 LAKE DR		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name DENNIS HUESTIS			Director Name MICHAEL COLE		
Street Address 26 CHESTNUT HILL RD			Street Address KEARNS ST		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Director Name ROBERT SHIELDS			Director Name		
Street Address PINE ORCHARD RD			Street Address		
City CHEPACHET	State RI	Zip 02814	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative LINDSEY GRISSOM	Date 11/20/23
---	-------------------------

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 24 2023
BY AA 2:03PM

FORM 631- Revised. 04/2023



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:

November 24, 2023 02:03 PM

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

Gregg M. Amore
Secretary of State

