



State of Rhode Island  
Department of State - Business Services Division

MAR 08 2024

Annual Report for the year: 2024  
Non-Profit Corporation

1576 *2*

- 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>000144394</b>		2. Exact name of the Corporation <b>RHODE ISLAND ANTIQUE FIRE APPARATUS SOCIETY</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROMOTE THE INTEREST &amp; APPRECIATION IN THE RESTORATION, PRESERVATION, &amp; OPERATION OF FIRE APPARATUS, FIREFIGHTING EQUIPMENT ASSOCIATED WITH THE FIRE SERVICE TITLE 7-6</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>P.O. Box 114134</b>			City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</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>RICHARD QUETTA</b>			Vice-President Name <b>LOUIS RED</b>		
Street Address <b>495 WOODWARD RD.</b>			Street Address <b>48 PLEASANT VIEW AVE.</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
Secretary Name <b>ERNESTON CABRAL JR.</b>			Treasurer Name <b>THOMAS F. SACCOCCIA</b>		
Street Address <b>15 Lee ST.</b>			Street Address <b>6 GREENBRIER RD.</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>RAYMOND VERNON</b>			Director Name <b>ROBERT CARLOW</b>		
Street Address <b>37 IDEAL COURT</b>			Street Address <b>347 WHITEHEAD RD</b>		
City <b>EASE GREENWICH</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>ROBERT PEACOCK</b>			Director Name <b>JAMES SEARLES</b>		
Street Address <b>222 WATCH HILL RD.</b>			Street Address <b>27 STRATHCONIA RD.</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02910</b>
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>					
<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 <b>THOMAS F. SACCOCCIA / TREASURER</b>					Date <b>3-5-24</b>
Signature of Officer/Authorized Representative <i>Thomas F. Saccoccia</i>					

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