



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

| | | | | |
|--|--------------------|---|--|-----------------------|
| 1. Corporate ID No. 27369 | | 2. Name of Corporation FOSTER CENTER VOLUNTEER FIRE CO. | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 86 Foster Center Road | | City Foster |
| | | | | Zip 02825 |
| 5. Foreign corporation. Enter principal office address | | City | State | Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island VOLUNTEER FIRE DEPT. | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Daniel LaPlante | | | Vice President Name Virginia Colwell | |
| Street Address 39 South Killingly Road | | | Street Address 4 Salisbury Road | |
| City Foster | State RI | Zip 02825 | City Foster | Zip 02825 |
| Secretary Name Robert Peterson | | | Treasurer Name Thomas Walden | |
| Street Address 114 Foster Center Road | | | Street Address 103 Central Pike | |
| City Foster | State RI | Zip 02825 | City Foster | Zip 02825 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | |
| Director Name Peter Forsstrom | | | Director Name Steven Pagnini | |
| Street Address 5 Isthmus Road | | | Street Address 8 Isthmus Road | |
| City Foster | State RI | Zip 02825 | City Foster | Zip 02825 |
| Director Name Bruce Colwell | | | Director Name | |
| Street Address 8 Isthmus Road | | | Street Address | |
| City Foster | State RI | Zip 02825 | City | Zip |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 | | | | |
| Agent Name THOMAS WALDEN | | | Address | |
| Address 103 CENTRAL PIKE | | | City FOSTER | Zip 02825 |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



27369

FILED

File Date
AUG 21 2007
Check No.
By: **1313 & 1328**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **Tom Walden** Date: **6/13/07**
Print or Type Name of Officer: **Thomas Walden**
Title of Officer: **Treasurer**