

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Office of the Secretary of State

Prosidence, RI 02904-2615

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 30 * Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

The accordance with P. L. L. 7.504 seek secretary for the State of the Secretary of State

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* in accordance with R.I.G.L. to a penalty fee of \$25.00.						LG.L. 7-6-91) is subject
1. Corporate ID No. 0 to 0 0 3 1 to 17	2. Name of Corporation R46 DE ISLAND STRAM FIRE ENGINE CO. #1 4. Corporate address in Rhode Island - Street Address 7 UNION ST. WESTERY RT.					
3. State of Incorporation	4. Corporate address in 1	Rhode Island - Street Addres	S	City		Zip Λ _C
5. Foreign corporation. Enter principal office address			Сиу	State	HUY	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla			land			<u> </u>
FIRE FIGH						
7. NAMES AND ADDRESSES	S OF THE OFFICERS	: ("X" BOX FOR ATTACE	HMENT) [FILL IN SPA	CES BEFORE USI	NG ATTACH	IMENTS
President Name WALTER 6 FRICKE			Vice President Name			
Street Address			Street Address			
JBO-B CANAL St. City State Zip			42 Margin St. Apt. / City State Zip			
WESTERLY	RI	02891	Westerly	RI		249 62891
PAUL OHNECIC			FRANK J. PASATA			
Street Address 9 B GRÉÉNMAN AVE City State Zip			Street Address 28 CEOWARN AUE City W65TENY State RE D289			
WASTERLY	State RT	24 02f 91	WESTERLY	State R		24p 02891
8. NAMES AND ADDRESSES			CHMENT) FILL IN SPA			
THE NUMBER OF DIRECTO Director Name	CORPORATION SHALL Director Name	NOT BE LESS TH	<u>AN THREE</u>	(3). R.I.G.L. 7-6-23		
WALTER S. FRICKE			Peter R. Mercurio Jr.			
Street Address 180-B CANAL ST.			Street Address 42 MArs		Apt.	1
City WESTERLY		^{Zip} 02891	City Westerly	State RI		Zip 02891
LAPHAEL TOMAO			Director Name			
Street Address			Street Address			
66 Tum-A-Lum CIR City State Zip			City State Zip			
westerly	6I	102891				
y. REGISTERED AGENT IN I	es require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Address					
Address			City	Ζψ		
This report must be signed by either the President Vice President			ent, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			Tmusta -
reper	or digital of cities as	o i iosiaone, vico i ios	doni, Sociolary, Assistai	it Secretary, Heast	iici, Receiv	er or trustee
			Under penalty o	f perjury. I declare a	nd affirm tha	t I have examined this
	······································	7	report, including	any accompanying sined herein are true a	thedules and	statements, and that all
File Date FILED	11 htt	- A read and a	an contest.			
1111 0 4 00	Signature of Offic	er / / ~		Date		
Check No. JUN U4 2U	WALTER	S FRICKE				
By: By 5 843 FOR SECRETARY OF STATE USE ONLY			Print or Type Nan			
			Title of Officer	<u>~</u>		
			7 -33			Form 631 Rev. 12/06