



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**  
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. 28477		2. Name of Corporation CENTREDALE FIRE DEPARTMENT			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 1995 SMITH STREET		City NO. PROVIDENCE	Zip 02911
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					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAYMOND J PARENTEAU			Vice President Name JOHN P. MURPHY		
Street Address 1409 PINEWOOD DR			Street Address 33 MERCHANT ST		
City SMITHFIELD	State R.I.	Zip 02917	City NO. PROVIDENCE	State R.I.	Zip 02911
Secretary Name ERIC BAZZIE			Treasurer Name DONALD W GREGSON		
Street Address 10 METCALF AVE			Street Address 33 FORESTVIEW DR.		
City NO. PROVIDENCE	State R.I.	Zip 02911	City NO. PROVIDENCE	State R.I.	Zip 02904
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 RAYMOND J PARENTEAU			Director Name JOHN P. MURPHY		
Street Address 1409 PINEWOOD DR			Street Address 33 MERCHANT ST		
City SMITHFIELD	State R.I.	Zip 02917	City NO. PROVIDENCE	State R.I.	Zip
Director Name ERIC BAZZIE			Director Name		
Street Address 10 METCALF AVE			Street Address		
City NO. PROVIDENCE	State R.I.	Zip 02911	City	State	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 RAYMOND J PARENTEAU			Address		
Address 1409 PINEWOOD DR			City SMITHFIELD	Zip 02917	

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

**FILED**  
File Date  
Check No. JUN 18 2008  
By: 6389  
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: Donald W. Gregson  
Date: June 17, 08  
Print or Type Name of Officer: DONALD W. GREGSON  
Title of Officer: Treas.