

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 401.2223

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with Sea of \$75.00

to a tensely fee of \$75.00

to a penalty fee of \$25.00.					_			
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation						
29120	Pascoag Ho	Pascoag Hose Company NO. 2						
3. State of Incorporation	4. Corporate add	iress in Rhode Island - Street Add	City	Zip				
Ri	141Howard	l Ave		Pascoag	02859			
5. Foreign corporation. Ente	er principal office addres	s	City	State	Zip			
б. Brief Description of the char	acter of the affairs whic	h are actually conducted in Rhode	e Island					
Meetings, fire protectio	n							
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS: I'X" BOX FOR ATTA	CHMENTO THE IN S	PACES REFORE USING ATT	ACHMENTS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name			Vice President Name					
Keith Carter			Tod Gautreau					
Street Address			Street Address					
164 Laurel Ridge Ave			252 Sayles Ave					
City	State	Zip	City	State	Zip			
Pascoag	RI	02859	Pascoag	RI	02859			
Secretary Name Stephen Bailey			Treasurer Name Laurie McCutcheon					
Street Address			Street Address					
80 East Wallum Lake Rd			67 Angell St					
City	State	Zip	City	State	Zip			
Pascoag	RI	02859	Pascoag	RI	02859			
				PACES BEFORE USING AT				
THE NUMBER OF DIR	ECTORS OF A DO	UESTIC (RHODE ISLAND	) CORPORATION <u>SHA</u>	LL NOT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-23			
Stephen Builey			Director Name  (Omes Williams ) R					
Sireer Address Cast Wallim Lak Ro			Street Address 635 John Form RN					
CID OS COMO State & Zip OD 859			city ASCORO	State C	202854			
Director Name	est Wilso	n	Director Name					
Street Address 941	Grove Lo	ine	Street Address					
as Ad SCGOO	State (	Zup (2) 859	City	State	Zip			
9. REGISTERED AGENT	IN RHODE ISLAN	D - DO NOT ALTER - Ch	inges require filing of	Form 641 - R.I.G.L, 7-6-13	/ 7-6-78			
Agent Name	36444444444444444444444444444444444444		Address	РИ остану сторосні вихом мір на драдіціви <del>х</del>	onentikestottassangigigigidio estewaturo			
Address			City	City Zip				
This report n	nust be signed by e	ither the President, Vice Pr	resident, Secretary, Assis	stant Secretary, Treasurer, Re	ceiver or Trustee			

	2	9	1	2	U	
					4.3000	
		45777				
File Date	Ğ					
rice Date	10000	00000		(0,7,000)	<del>MIENA</del>	<u> </u>
Check No. 111N		n.	لخم			
Check No.		9	<b>AR</b>	100	<u> </u>	
		<b>1</b>	iesca:	. 14	AUE III	
2X	₩.	4	¥-			
77						
FOR SECRE	TAP	YOF	STA	TE U	SE ON	α¥
	Mis				#Zimi	

Under penalty of perjury, I declare at report, including any accompanying so statements antique therein are true at	chedules and statements, and that all
Huff lut at the a	prese 6/2/08
Signature of Officer	Date
Laurie McCutcheon	
Print or Type Name of Officer	
Treasurer	
Title of Officer	

Form 631 Rev. 12/06