



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2009

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.<br><b>02763</b>                                                                                                          |                     | 2. Name of Corporation<br><b>PRUDENCE ISLAND VOLUNTEER FIRE DEPARTMENT</b>                     |                                           |                            |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                             |                     | 4. Corporate address in Rhode Island - Street Address<br><b>PO BOX 305/292 NARAGANSETT AVE</b> |                                           | City<br><b>PRUDENCE IS</b> | Zip<br><b>02872</b> |
| 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<br><b>VOLUNTEER FIRE DEPARTMENT</b>        |                     |                                                                                                |                                           |                            |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                     |                                                                                                |                                           |                            |                     |
| President Name<br><b>ROBERT LANGLOIS</b>                                                                                                     |                     |                                                                                                | Vice President Name<br><b>MARK BOWLET</b> |                            |                     |
| Street Address<br><b>DANIELS AVE</b>                                                                                                         |                     |                                                                                                | Street Address<br><b>CHASE AVE</b>        |                            |                     |
| City<br><b>PRUDENCE IS</b>                                                                                                                   | State<br><b>R.I</b> | Zip<br><b>02872</b>                                                                            | City<br><b>PRUDENCE IS</b>                | State<br><b>R.I</b>        | Zip<br><b>02872</b> |
| Secretary Name<br><b>William Day</b>                                                                                                         |                     |                                                                                                | Treasurer Name<br><b>CHRISTINE DUNBAR</b> |                            |                     |
| Street Address<br><b>BEACH RD.</b>                                                                                                           |                     |                                                                                                | Street Address<br><b>THIRD ST.</b>        |                            |                     |
| City<br><b>PRUDENCE IS</b>                                                                                                                   | State<br><b>R.I</b> | Zip<br><b>02872</b>                                                                            | City<br><b>PRUDENCE IS</b>                | State<br><b>R.I</b>        | Zip<br><b>02872</b> |
| 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<br><b>Thomas M. Gemp SR.</b>                                                                                                   |                     |                                                                                                | Director Name<br><b>Thomas Russell</b>    |                            |                     |
| Street Address<br><b>BOY PAINE RD.</b>                                                                                                       |                     |                                                                                                | Street Address<br><b>ALLEN AVE</b>        |                            |                     |
| City<br><b>PRUDENCE IS</b>                                                                                                                   | State<br><b>RI</b>  | Zip<br><b>02872</b>                                                                            | City<br><b>PRUDENCE IS</b>                | State<br><b>R.I</b>        | Zip<br><b>02872</b> |
| Director Name<br><b>Rickey Brooks</b>                                                                                                        |                     |                                                                                                | Director Name<br><b>ANN MARSHALL</b>      |                            |                     |
| Street Address<br><b>HILL SIDE AVE</b>                                                                                                       |                     |                                                                                                | Street Address<br><b>HOLBROOK AVE</b>     |                            |                     |
| City<br><b>PRUDENCE IS</b>                                                                                                                   | State<br><b>R.I</b> | Zip<br><b>02872</b>                                                                            | City<br><b>PRUDENCE IS</b>                | State<br><b>R.I</b>        | Zip<br><b>02872</b> |
| 9. REGISTERED AGENT IN RHODE ISLAND                                                                                                          |                     |                                                                                                |                                           |                            |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 |                     |                                                                                                |                                           |                            |                     |

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

5-24-09 CK# 0717 20.00

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|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>MAY 27 2009</b> |
| Check No.                       |                    |
| By:                             | <b>By 2717</b>     |
| 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.

**Christine M Dunbar**  
Signature of Officer  
**CHRISTINE M DUNBAR**  
Print or Type Name of Officer  
**TREASURER**  
Title of Officer