



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. 26935		2. Name of Corporation EVER READY ENGINE AND HOSE COMPANY NO. 2	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 201 THAMES STREET	
		City BRESTOL	Zip 02809
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island FIRE HOUSE			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name NONE		Vice President Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Secretary Name LOU TURENNE		Treasurer Name MARK MOREIRA	
Street Address 51 SOWANS DRIVE		Street Address 36 NARROWS ROAD	
City BRESTOL	State RI	City BRESTOL	State RI
Zip 02809		Zip 02809	
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 TIM GREVES		Director Name MARC MEDEIROS	
Street Address 54 SHERRY AVE		Street Address 15 ANNAWAMSCOTT DR	
City BRESTOL	State RI	City BRESTOL	State RI
Zip 02809		Zip 02809	
Director Name JARED HUNT		Director Name	
Street Address 73 OLIVER ST		Street Address	
City BRESTOL	State RI	City	State
Zip 02809		Zip	
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

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

Date

Print or Type Name of Officer

Title of Officer

FILED	
File Date	JUN 08 2009
Check No.	
By:	By 6342
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