



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

**Filing Period:** June 1 - June 30 • This report must be typed or printed legibly.

**Filing Fee:** \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |  |                         |                     |
|--|--------------------|--|--|-------------------------|---------------------|
| 1. Entity ID No.<br><b>000029620</b>   |                    | 2. Exact name of the Corporation<br><b>Watch Hill Hose &amp; Engine Company Number One</b> |  |                         |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                    | 4. Corporate Address in RI - Street Address<br><b>222 Watch Hill Road</b>                  |  | City<br><b>Westerly</b> | Zip<br><b>02891</b> |
| 5. Foreign corporation. Enter principal office address   |                    |  | City                                       | State                   | Zip                 |
| 6. Brief description of the character of business conducted in Rhode Island  |                    |  |  |                         |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |  |                         |                     |
| President Name<br><b>Jane Fair</b>   |                    |  | Vice-President Name<br><b>Lance Murphy</b> |                         |                     |
| Street Address<br><b>24 Stone Hill Drive</b>   |                    |  | Street Address<br><b>92 Potowomut Road</b> |                         |                     |
| City<br><b>Westerly</b>  | State<br><b>RI</b> | Zip<br><b>02891</b>  | City<br><b>Warwick</b>                     | State<br><b>RI</b>      | Zip<br><b>02891</b> |
| Secretary Name   |                    |  | Treasurer Name                             |                         |                     |
| Street Address   |                    |  | Street Address                             |                         |                     |
| City   | State              | Zip  | City                                       | State                   | Zip                 |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |  |  |                         |                     |
| Director Name<br><b>Brian Holdredge</b>  |                    |  | Director Name<br><b>Chris Andoloro</b>     |                         |                     |
| Street Address<br><b>8 Benny Drive</b>   |                    |  | Street Address<br><b>312 Shore Road</b>    |                         |                     |
| City<br><b>Westerly</b>  | State<br><b>RI</b> | Zip<br><b>02891</b>  | City<br><b>Westerly</b>                    | State<br><b>RI</b>      | Zip<br><b>02891</b> |
| Director Name<br><b>Travis Cox</b>   |                    |  | Director Name                              |                         |                     |
| Street Address<br><b>10 Maple Court</b>  |                    |  | Street Address                             |                         |                     |
| City<br><b>Ashaway</b>   | State<br><b>RI</b> | Zip<br><b>02804</b>  | City                                       | State                   | Zip                 |
| <b>9. REGISTERED AGENT IN RHODE ISLAND</b>   |                    |  |  |                         |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.  |                    |  |  |                         |                     |

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**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.

*Brian Holdredge* 3-23-12  
 Signature of Officer Date

**Brian Holdredge**  
 Print or Type Name of Officer

**Treasurer**  
 Title of Officer

**FILED**

MAR 26 2012

By *[Signature]*  
*DS*

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