



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. 000031292		2. Exact name of the Corporation Cyclone Steam Fire Engine Company No. 2			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Volunteer Fire Company			
5. Principal office address 7 Union Street		City Westerly		State RI	Zip 02891
President Name Keenan Homs (Foreman)		Vice-President Name Timothy Amidon			
Street Address 58 Stillman Avenue		Street Address 31 Perkins Avenue Apt. 2			
City Pawcatuck	State CT	Zip 06379	City Westerly	State RI	Zip 02891
Secretary Name Mark Akesson		Treasurer Name Ralph Abruzzese			
Street Address 26 Ledward Avenue		Street Address 269 High Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Martins		Director Name Ernest Muccio			
Street Address 15 Branberry Drive		Street Address 8 Hickory Lane			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Sam Homs		Director Name			
Street Address 32 Seabury Drive		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

FILED

MAY 30 2013

BY 3538

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.

05-22-2013

Signature of Officer

Date

Mark A. Akesson

Print or Type Name of Officer

Secretary

Title of Officer