



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

2014

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. 29120	2. Exact name of the Corporation Pascoag Hose Company No. 2		
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island Fire Dept.		
5. Principal office address 141 Howard Ave		City Pascoag	State RI
		Zip 02859	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name James Williams		Vice-President Name Robert Carbone	
Street Address 635 Town Farm Rd		Street Address 1576 East Wallum Lake Rd	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
Secretary Name Linda Carter		Treasurer Name Laurie McInteehon	
Street Address 164 Laurel Ridge Ave		Street Address 67 Angell St	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Stephen Bailey		Director Name Keith Carter	
Street Address 80 East Wallum Lake Rd		Street Address 164 Laurel Ridge Ave	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
Director Name Tracy Reilly		Director Name	
Street Address 4 Lakeview Terrace		Street Address	
City Pascoag	State RI	City	State
Zip 02859		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

MAR 20 2014

49-220406

A.A. 10:58 A.M.

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
Laurie McInteehon

Date
3/18/14

Print or Type Name of Officer
Laurie McInteehon

Title of Officer
Treasurer