



**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. 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 Kevin Carter JR.			Vice-President Name James Williams		
Street Address 125 Laurel Hill Ave			Street Address 635 Town Farm Rd		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Linda Carter			Treasurer Name Laurie McClutcheon		
Street Address 164 Laurel Ridge Ave			Street Address 67 Angell St		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stephen Bailey			Director Name Tracy Reilly		
Street Address 80 East Wallum Lake Rd			Street Address 4 Lakeview Terrace		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Director Name Keith Carter			Director Name		
Street Address 164 Laurel Ridge Ave			Street Address		
City Pascoag	State RI	Zip 02859	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 Stee

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
MAR 20 AM 10:59

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**

MAR 20 2014

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 McClutcheon Date: 3/18/14

FOR SECRETARY OF STATE USE ONLY

19-220406

Print or Type Name of Officer: Laurie McClutcheon

A.A. 10:57A Treasurer

Title of Officer: Treasurer