



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 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. 27369		2. Exact name of the Corporation FOSTER CENTER VOLUNTEER COMPANY			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island VOLUNTEER FIRE COMPANY			
5. Principal office address 86 FOSTER CENTER ROAD		City FOSTER		State RI	Zip 02825
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHRISTINE HANSON		Vice-President Name SUSAN SPRAGUE			
Street Address 763 CENTRAL PIKE		Street Address 48 SOUTH KILLINGLY ROAD			
City SCITUATE	State RI	Zip 02857	City FOSTER	State RI	Zip 02825
Secretary Name BARBARA CANUEL		Treasurer Name CATHERINE BAY			
Street Address 209 HARTFORD PIKE		Street Address 17 SOUTH KILLINGLY ROAD			
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name AARON MARSLAND, CHIEF		Director Name WILLIAM L. PAUL, DEPUTY CHIEF			
Street Address 231 ROCKLAND ROAD		Street Address 110 SOUTH KILLINGLY ROAD			
City SCITUATE	State RI	Zip 02857	City FOSTER	State RI	Zip 02825
Director Name SALVATORE CALISE, CAPTAIN		Director Name DAVID HEROUX, LIEUTENANT			
Street Address 284 OLD PLAINFIELD PIKE		Street Address 27 FOSTER CENTER ROAD			
City SCITUATE	State RI	Zip 02857	City FOSTER	State RI	Zip 02825
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 12 2014

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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.

Susan D. Paul

Signature of Officer or Authorized Representative

06/09/2014

Date

SUSAN D. PAUL, TREASURER UNTIL 7/14/2014

Print or Type Name of Officer or Authorized Representative