

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

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

Filing Fee: \$20.00 • FAIL	URE TO FILE 1	THIS REPORT BY J	ULY 30 WILL RESULT IN A	\$25.00 PENALTY	FEE.
1. Entity ID No.	2. Exact name of the Corporation				
28294	MASSASOIT HOOK & LAdder Company No. 1 of Warren				
3. State of Incorporation	4. Brief description	on of the character of b	usiness conducted in Ahode Isla	nd	-
Rhode Island 5. Principal office address ONE Joyce Stre	A volum	teer Fire Con	apany in the tou	on of Was	rren R.I.
5. Principal office address			City	State	Zip
ONE Joyce Stre	et		Warren	RI	02885
	AMD ABOMESE	en ex. Box equal			Maritiment Company of the Company
President Name	-		Vice-President Name		
Norman Guertin Jr.			Jorge Avila Street Address		
Street Address					
7 BuffAlo Ave	enue	T-2:	167 School hou	ise Kuna	I
City Warren	R I	Zip 02885	City Warren	R I	Zip 02885
Secretary Name	1 11	•	Treasurer Name	1.	•
KAYMOND J. Dut	telle		John J. TA	ttrie	
Street Address			Street Address		
39 Vernon Str	reet		65 Schoolhous	ie Kord	
City WARREN	State <i>R L</i>	Zip 02885	City	State $\mathcal{R} \ \mathcal{I}$	Zip 02885
7. LIST ALL DIRECTORS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	SES). RHODE ISLANI		T NO LESS THAN	HREE (3) DIRECTORS
Director Name			Director Name		
Norman Guertin	$_{2}$ I_{r}		Jorge Avila		
Street Address			Street Address		
7 Buffal Ave	enue		167 Schoolhous	e Road	
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885
Director Name			Director Name		
Peter Bento					
Street Address			Street Address		
19 BArdon LANC	>		1		
	State	Zip	City .	State	Zip
Warren	RI	02885			
8. REGISTERED AGENT IN RHOI					(Explicit Control of C
This information is currently of r					
This report must be signed by eithe			y, Assistant Secretary, Treasure	r, duly Authorized Re	epresentative, Receiver
or Trustee	F	FILED			
	AUG	1 5 2014	Under penalty of perjury, I	declare and affirm	that I have examined
File Cate			this report, including any accompanying schedules and statements,		
av 25th			and that all statements co	ntained herein are	true and correct.
Check No		20 10		7 44 .	/ /
By:	Salah Salah Sa		John & To	attrie	8/13/2014
			Signature of Officer or Author	rized Representativ	e Date
FOR SECRETARY OF STATE U	SE ONLY		Tohn T T		
	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			/ 1	

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014