



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000027369

2. Name of Corporation FOSTER CENTER VOLUNTEER FIRE CO.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 86 FOSTER CENTER ROAD

City or Town: FOSTER

State: RI Zip: 02825 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

VOLUNTEER FIRE DEPT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTINE HANSON	763 CENTRAL PIKE SCITUATE, RI 02857 USA
TREASURER	CATHERINE A BAY	17 S KILLINGLY ROAD FOSTER, RI 02825 USA
SECRETARY	BARBARA CANUEL	209 HARTFORD PIKE

		FOSTER, RI 02825 USA
VICE PRESIDENT	SUE SPRAGUE	48 S KILLINGLY ROAD FOSTER, RI 02825 USA
DIRECTOR	WILLIAM PAUL	110 S KILLINGLY ROAD FOSTER, RI 02825 USA
DIRECTOR	SAL CALISE	284 OLD PLAINFIELD PIKE SCITUATE, RI 02825 USA
DIRECTOR	DAVID HEROUX	27 FOSTER CENTER ROAD FOSTER, RI 02825 USA
DIRECTOR	AARON MARSLAND	231 ROCKLAND ROAD SCITUATE, RI 02857 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SUSAN D. PAUL 110 SOUTH KILLINGLY ROAD FOSTER , RI 02825

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of June, 2015 at 8:20:07 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CATHERINE A BAY
Signature of Authorized Person

Form No. 631
Revised 09/07

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