



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. *26200*		2. Name of Corporation Harrisville Hose Company Number 1	
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island -Street Address 201 CALLAHAN SCHOOL STREET		City HARRISVILLE
5. Foreign corporation: Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island VOLUNTEER FIREFIGHTING AND EMERGENCY MEDICAL SERVICE ORGANIZATION.			

7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Gerald W. Fournier, Jr.			Vice President Name John F. Polacek, Sr.		
Street Address 118 Foster Street			Street Address 125 Maple Drive		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Jason M. Rhodes			Treasurer Name Nathan M. St. Pierre		
Street Address 145 Steere Street			Street Address 130 Maple Drive		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830

8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (R.I.G.L. 7-5-23)

Director Name Douglas W. Rhodes			Director Name .		
Street Address 145 Steere Street			Street Address 154 Round Top Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name .			Director Name .		
Street Address 55 Mowry Street			Street Address N/A		
City Harrisville	State RI	Zip 02830	City N/A	State N/A	Zip N/A

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

Agent Name GERALD W. FOURNIER		Address 201 CALLAHAN SCHOOL STREET	
Address		City HARRISVILLE	Zip 02830

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 6 2 0 0 *

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.

Jason M. Rhodes 04/03/03
Signature of Officer Date
Jason M. Rhodes
Print or Type Name of Officer

Secretary
Title of Officer

**26200* 6/3/039:01:13 AM*
File Date 6-4-03
Check No. 1009
By: *JM*
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