



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:** 2016

**1. Corporate ID No.** 000030416

**2. Name of Corporation** Portsmouth Volunteer Fire Dept.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 2300 EAST MAIN ROAD

City or Town: PORTSMOUTH

State: RI Zip: 02871 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**

PROVIDE VEHICLES AND EQUIPMENT TO RESCUE AND AMBULANCE SERVICE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	HENRY F RODRIGUES	77 ANSON ROAD PORTSMOUTH, RI 02871 USA
TREASURER	WILLIAM A BIGELOW	910 WAPPING RD PORTSMOUTH, RI 02871 USA
SECRETARY	LAWRENCE FARYNIARZ	52 LAKEVILLE AVE

		PORTSMOUTH, RI 02871 USA
DIRECTOR	RUSSELL COMBRA	37 GARDEN STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	CHESTER CARR JR	2348 EAST MAIN RD PORTSMOUTH, RI 02871 USA
DIRECTOR	HERBERT A REGO	100 FREEBORN STREET PORTSMOUTH, RI 02871 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**

RONALD L. CHACE 2300 EAST MAIN ROAD PORTSMOUTH , RI 02871

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

**Signed this 24 Day of May, 2016 at 2:30:17 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 HENRY F. RODRIGUES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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