



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 BUS SVCS DIV
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Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 26385		2. Exact name of the Corporation Narragansett Fire Company, No. 3			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Volunteer Fire Department			
5. Principal Office Address 3 Vernon St.		City Warren	State RI	Zip 02885	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Adam Cabral		Vice-President Name Edward Cabral			
Street Address 3 Vernon St.		Street Address 3 Vernon St.			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Benjamin DeCastro		Treasurer Name Benjamin DeCastro			
Street Address 32 Sachem St.		Street Address 32 Sachem St.			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elvis DaCamara		Director Name Vincent Calenda			
Street Address 3 Vernon St.		Street Address 16 Parker Ave.			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Norman Blank		Director Name			
Street Address 3 Vernon St.		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Benjamin E. DeCastro				Date 3/13/17	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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