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

FILED
JUN 13 2018
BY 1196

Annual Report for the year: 2018
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	2. Exact name of the Corporation
26935	EVER READY ENGINE AND HOSE COMPANY NO. 2
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: FIRE HOUSE
4. NAICS Code: 922160	

6. Principal Office Address	City	State	Zip
201 THAMES STREET	BRISTOL	RI	02809

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name: LOU TURENNE			Treasurer Name: MARK MOREIRA		
Street Address: 51 SOWAMS DRIVE			Street Address: 36 NARROWS ROAD		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: MARC MEDEIROS			Director Name: GREG GERJETS		
Street Address: 15 ANNAWAMSCUTT DRIVE			Street Address: 41 CLIPPER WAY		
City: BRISTOL	State: RI	Zip: 02809	City: BRISTOL	State: RI	Zip: 02809
Director Name: JEFF MACNONOUGH			Director Name		
Street Address: 3 POLK COURT			Street Address		
City: BRISTOL	State: RI	Zip: 02809	City	State	Zip

9. 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.

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

Name of Officer/Authorized Representative	Date
LOUIS TURENNE	6/9/18

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

FORM 631 - Revised: 11/2017