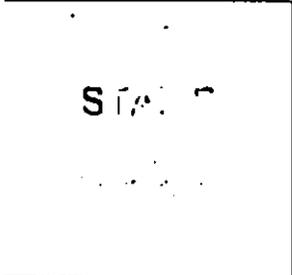




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



Annual Report for the year: 2017  
 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 <b>000029620</b>		2. Exact name of the Corporation <b>Watch Hill Hose &amp; Engine Company Number One</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provides fire service and protection to the residents of Watch Hill and the surrounding communities.			
4. NAICS Code 624230 - Emergency and Other <input type="checkbox"/>					
6. Principal Office Address 222 Watch Hill Road		City Westerly	State RI	Zip 02891	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jane C. Perkins		Vice-President Name			
Street Address 222 Watch Hill Road		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Robert Peacock		Treasurer Name Patrick Majeika			
Street Address 222 Watch Hill Road		Street Address 222 Watch Hill Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Robert Peacock		Director Name Jane C. Perkins			
Street Address 222 Watch Hill Road		Street Address 222 Watch Hill Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Patrick Majeika		Director Name			
Street Address 222 Watch Hill Road		Street Address			
City Westerly	State RI	Zip 02891	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jane C. Perkins				Date 1/30/2019	
Signature of Officer/Authorized Representative <i>Jane C. Perkins</i>				SIGN DOCUMENT HERE	

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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