



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

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.

STAMP

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>					
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 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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
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BY *[Signature]*