



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

FILED

JUL 01 2020 *g*

5003

Annual Report for the year: 2020

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 000029120		2. Exact name of the Corporation <i>company</i> Pascoag Hose A No. 2			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Volunteer Fire Department			
4. NAICS Code 922160 <input type="checkbox"/>					
6. Principal Office Address 141 Howard Avenue			City Pascoag	State R.I.	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian Champagne			Vice-President Name Mackenzie Beausoleil		
Street Address 18 Albee Lane			Street Address Eagle Peak Rd.		
City Pascoag	State R.I.	Zip 02859	City Pascoag	State R.I.	Zip 02859
Secretary Name David Carpenter			Treasurer Name Stephen Bailey		
Street Address 12 Frederick Street			Street Address 80 Wallum Lake Rd.		
City Pascoag	State R.I.	Zip 02859	City Pascoag	State R.I.	Zip 02859
8. 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 Scott Woodis			Director Name Cody Meinville		
Street Address 9 Hamlet Street			Street Address 24 Frederick Street		
City Pascoag	State R.I.	Zip 02859	City Pascoag	State R.I.	Zip 02859
Director Name Mark Leplat			Director Name		
Street Address South Main Street			Street Address		
City Pascoag	State R.I.	Zip 02859	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.					
<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 Stephen Bailey				Date 06/29/2020	
Signature of Officer/Authorized Representative <i>Stephen Bailey</i>				SIGN DOCUMENT HERE	