



State of Rhode Island
Department of State - Business Services Division

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUL 28 PM 2:49

1. Entity ID Number 26385		2. Exact name of the Corporation Narragansett Fire Company No. 3			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fire Protection			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 3 Vernon St.		City Warren	State RI	Zip 02885	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Adam Cabral		Vice-President Name			
Street Address 3 Vernon St.		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Benjamin DeCastro		Treasurer Name			
Street Address 32 Sachem St		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Edward Beaulieu		Director Name Todd Grant			
Street Address Long Lane		Street Address 3 Vernon St.			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Vincent Calenda		Director Name			
Street Address 16 Parker Ave		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 BENJAMIN DeCastro				Date 7/20/21	
Signature of Officer/Authorized Representative 					

FILED

JUL 28 2021
 BY SOMBY9 H.A.
 2:50 PM.