



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000027369

2. Name of Corporation FOSTER CENTER VOLUNTEER FIRE CO.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 86 FOSTER CENTER ROAD

City or Town: FOSTER

State: RI

Zip: 02825

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

VOLUNTEER FIRE DEPT.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN JOHNSON	8 1/2 SNAGWOOD ROAD FOSTER, RI 02825 USA
TREASURER	CATHERINE A BAY	17 S KILLINGLY ROAD

		FOSTER, RI 02825 UNI
SECRETARY	LONNY JOHNSON	8 1/2 SNAGWOOD ROAD FOSTER, RI 02825 USA
VICE PRESIDENT	LONNY JOHNSON	8 1/2 SNAGWOOD RD FOSTER, RI 02825 USA
DIRECTOR	WILLIAM PAUL	110 S KILLINGLY ROAD FOSTER, RI 02825 USA
DIRECTOR	SAL CALISE	284 OLD PLAINFIELD PIKE SCITUATE, RI 02825 USA
DIRECTOR	DAVID HEROUX	27 FOSTER CENTER ROAD FOSTER, RI 02825 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CATHERINE A BAY 17 S KILLINGLY ROAD FOSTER , RI 02825

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

Signed this 25 Day of February, 2022 at 1:20:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CATHERINE BAY
Signature of Authorized Person

Form No. 631
Revised 09/07

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