



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000028477		2. Exact name of the Corporation CENTREDALE FIRE DEPARTMENT	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island THE CENTREDALE FIRE DEPARTMENT IS A FORMER ACTIVE VOLUNTEER FIRE DEPARTMENT. THE DEPARTMENT OPERATED FROM 1906 UNTIL 1989, WHEN THE FIRE DEPARTMENT BECAME FULL-TIME. WE ARE NOW A SOCIAL ORG.	
4. NAICS Code 813910			
6. Principal Office Address 1995 SMITH STREET		City N. PROVIDENCE	State RI Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN P. MURPHY, JR.		Vice-President Name MICHAEL J. MURPHY	
Street Address 33 MERCHANT STREET		Street Address 9 JUNE STREET	
City N. PROVIDENCE	State RI	City N. PROVIDENCE	State RI
Zip 02911		Zip 02904	
Secretary Name ERIC D. BAZZLE		Treasurer Name ROBERT A. LINCOLN	
Street Address 29 MARBLEHEAD AVENUE		Street Address 66 BLUEJAY LANE	
City N. PROVIDENCE	State RI	City E. TAUNTON	State MA
Zip 02904		Zip 02718	
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 JOHN P. MURPHY, JR.		Director Name MICHAEL J. MURPHY	
Street Address 33 MERCHANT STREET		Street Address 9 JUNE STREET	
City N. PROVIDENCE	State RI	City N. PROVIDENCE	State RI
Zip 02911		Zip 02904	
Director Name ERIC D. BAZZLE		Director Name ROBERT A. LINCOLN	
Street Address 29 MARBLEHEAD AVENUE		Street Address 66 BLUEJAY LANE	
City N. PROVIDENCE	State RI	City E. TAUNTON	State MA
Zip 02904		Zip 02718	
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.			
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 ERIC D. BAZZLE			Date FEB. 1, 2023
Signature of Officer/Authorized Representative <i>E. D. Bazzle</i>			