



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

STAMP

FEB 06 2024

SECRETARY OF STATE

1330

1. Entity ID Number 30416		2. Exact name of the Corporation Portsmouth Volunteer Fire Department			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide ambulance and rescue equipment to the Town of Portsmouth			
4. NAICS Code 1024230					
6. Principal Office Address 124 Hedly St			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald L. Chace			Vice-President Name Russell Combra		
Street Address 124 Hedly St			Street Address 37 Garden St		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Lawrence J. Faryniarz			Treasurer Name Lawrence J. Faryniarz		
Street Address 47 Narragansett Ave			Street Address 47 Narragansett Ave		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
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 Henry F. Rodrigues Jr			Director Name Alan T. Adams		
Street Address 77 Anson Rd			Street Address 59 Cypress Ave		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
Director Name Richard M. Buckley			Director Name Chester Carr		
Street Address 98 Camara Dr			Street Address 243 Leeward Rd		
City Portsmouth	State RI	Zip 02871	City Fall River	State MA	Zip 02720
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 Ronald L. Chace				Date 2/1/24	
Signature of Officer/Authorized Representative <i>Ronald Chace</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov