



State of Rhode Island  
Department of State - Business Services Division

STAMP

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.

2024 OCT 21 P 1:31  
 DEPT OF STATE  
 RI SOS

1. Entity ID Number <b>00026385</b>		2. Exact name of the Corporation <b>Narragansett Fire Company, No. 3</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Volunteer Fire Fighting</b>			
4. NAICS Code <b>922160</b>					
6. Principal Office Address <b>3 Vernon st</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>TODD TRAVERS</b>			Vice-President Name <b>Brian Medeiros</b>		
Street Address <b>3 Vernon St.</b>			Street Address <b>3 Vernon St</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Benjamin DeCastro</b>			Treasurer Name <b>Benjamin DeCastro</b>		
Street Address <b>32 Sachem St</b>			Street Address <b>32 Sachem St</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Vincent Calenda</b>			Director Name <b>Edward Cabral</b>		
Street Address <b>16 Parker Ave</b>			Street Address <b>3 Vernon St</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Director Name <b>John Oliver</b>			Director Name		
Street Address <b>3 Vernon st</b>			Street Address		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Benjamin DeCastro</b>					Date <b>10/17/2024</b>
Signature of Officer/Authorized Representative <b>FILED</b> 					

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

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