



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  
BUSINESS SERVICES DIVISION

|  |          |  |                                    |                           |              |
|--|----------|--|------------------------------------|---------------------------|--------------|
| 1. Entity ID Number<br>00026385  |          | 2. Exact name of the Corporation<br>Narragansett Fire Company, No. 3                                   |                                    |                           |              |
| 3. State of Incorporation<br>Rhode Island  |          | 5. Brief description of the character of business conducted in Rhode Island<br>Volunteer Fire Fighting |                                    |                           |              |
| 4. NAICS Code<br>922160  |          |  |                                    |                           |              |
| 6. Principal Office Address<br>3 Vernon st   |          | City<br>Warren   |                                    | State<br>RI               | Zip<br>02885 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |          |  |                                    |                           |              |
| President Name TODD TRAVERS  |          |  | Vice-President Name Brian Medeiros |                           |              |
| Street Address 3 Vernon St.  |          |  | Street Address 3 Vernon St         |                           |              |
| City Warren  | State RI | Zip 02885  | City Warren                        | State RI                  | Zip 02885    |
| Secretary Name Benjamin DeCastro   |          |  | Treasurer Name Benjamin DeCastro   |                           |              |
| Street Address 32 Sachem St  |          |  | Street Address 32 Sachem St        |                           |              |
| City Warren  | State RI | Zip 02885  | City Warren                        | State RI                  | Zip 02885    |
| 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 Vincent Calenda  |          |  | Director Name Edward Cabral        |                           |              |
| Street Address 16 Parker Ave   |          |  | Street Address 3 Vernon St         |                           |              |
| City Warren  | State RI | Zip 02885  | City Warren                        | State RI                  | Zip 02885    |
| Director Name John Oliver  |          |  | Director Name                      |                           |              |
| Street Address 3 Vernon st   |          |  | 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.  |          |  |                                    |                           |              |
| <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<br><b>Benjamin DeCastro</b>  |          |  |                                    | Date<br><b>10/17/2024</b> |              |
| Signature of Officer/Authorized Representative   |          |  |                                    |                           |              |

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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