



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED
STAMP
MAR 07 2025
BY

1. Entity ID Number 00026385		2. Exact name of the Corporation Narragansett Fire Company, No. 3			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Volunteer Fire Fighting			
4. NAICS Code 922160					
6. Principal Office Address 3 Vernon st			City Warren	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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 MUST list at least THREE directors. Check the box to indicate an attachment ☐					
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.					
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 Benjamin DeCastro				Date 03/05/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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