RI SOS Filing Number: 202567237350 Date: 3/14/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year. 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.							
1. Entity ID Number 26974	2. Exact name of the Corporation Exeter Volunteer Fire Company No. 2						
State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island A Volunteer Fire Company						
4. NAICS Code 624230 - Emergency and							
6. Principal Office Address 366 Nooseneck Hill Rd.	<u> </u>		City Exeter	State RI	Zip 02822		
7. List ALL officers (names and addresses) Check the box to indicate an attachment ✓							
President Name Matthew Schulde			Vice-President Name Henry B. Wright				
Street Address 361 Escoheag Hill Rd.			Street Address 255B Austin Farm Rd.				
^{City} Exeter	State RI	^{Zip} 02822	City Exeter	State RI	^Z ₩ 02822		
Secretary Name Linda Wall			Treasurer Name Jacqueline Henderson				
Street Address 315 Austin Farm Rd			Street Address 319 Escoheag Hill Rd.				
^{City} Exeter	State RI	^{Zip} 02822	^{City} Exeter	State RI	ď2822		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachmic							
Director Name Thomas Sawicky			Director Name Scott Kettelle				
Street Address 10 D Old Voluntown Rd			Street Address 5 St. James Place				
City Exeter	State RI	^{Zp} 02822	^{City} Exeter	State RI	ď2822		
Director Name Joseph Anctil			Director Name Robert Slater				
Street Address 330 Escoheag Hill Rd			Street Address 2572 Ten Rod Rd				
^{City} Exeter	State RI	^{Zip} 02822	^{Crty} Exeter	State RI	₫ <mark>2</mark> 822		
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 Pres	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							

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Officer/Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov

Matthew Schulde

3/10/25

FILED