



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000031292		2. Exact name of the Corporation Cyclone Steam Fire Engine Company No. 2			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Volunteer Fire Company			
5. Principal office address 7 Union St.			City Westerly	State RI	Zip 02891
President Name Charles Blum			Vice-President Name Kendrik Perez		
Street Address 14A Doreen Dr.			Street Address 26 Clark St.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Mark Akesson			Treasurer Name Ralph Abruzzese		
Street Address 26 Ledward Ave.			Street Address 269 High St.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
FOR ALL DIRECTORS, NAMES AND ADDRESSES OF RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTIONS TO THE OFFICE (STREET, CITY, STATE, ZIP).					
Director Name John Martins			Director Name Ernest Muccio		
Street Address 15 Branberry Dr.			Street Address 8 Hickory Ln.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Chris Cozzolino			Director Name		
Street Address 35 Hubbard St.			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
THIS INFORMATION IS CURRENTLY OF RECORD IN THE OFFICE OF THE SECRETARY OF STATE. CHANGES REQUIRE FILING FORM 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

JUN 30 2014

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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.

06-26-2014

Signature of Officer or Authorized Representative

Date

Mark Akesson Secretary

Print or Type Name of Officer or Authorized Representative