



Department of State - Business Services Division

Annual Report for the year: 2022
 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
 FEB 28 2022
 BY USA

1. Entity ID Number <u>26935</u>		2. Exact name of the Corporation <u>EVER READY ENGINE AND HOSE COMPANY NO. 2</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>999999</u>		<u>FIRE HOUSE</u>			
6. Principal Office Address <u>201 THAMES STREET</u>			City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <u>LOU TURENNE</u>			Treasurer Name <u>MARK MOREIRA</u>		
Street Address <u>51 SOWANS DRIVE</u>			Street Address <u>36 NARROWS ROAD</u>		
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>GREG GERJETS</u>			Director Name <u>DENNIS CABRAL</u>		
Street Address <u>41 CLIPPER WAY</u>			Street Address <u>518 METACOM AVE</u>		
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>
Director Name <u>MARK SWEETZER</u>			Director Name		
Street Address <u>93 MATTABASSET ST</u>			Street Address		
City <u>EAST BERLIN</u>	State <u>CT</u>	Zip <u>06023</u>	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.					
<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 <u>LOUIS TURENNE</u>					Date <u>2/26/22</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

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