

**FILED**



State of Rhode Island  
**Department of State - Business Services Division**

FEB 07 2023

BY

151  
 [Signature]

Annual Report for the year: 2023  
 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 <b>26935</b>		2. Exact name of the Corporation <b>EVER READY ENGINE AND HOSE COMPANY NO. 2</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <b>999999</b>		<b>FIRE HOUSE</b>			
6. Principal Office Address <b>201 THAMES STREET</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
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 <b>LOU TURENNE</b>			Treasurer Name <b>MARK MORIERA</b>		
Street Address <b>51 SOWANS DRIVE</b>			Street Address <b>36 NARROWS ROAD</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>STEVE KNAPMAN</b>			Director Name <b>MARK SWEITZER</b>		
Street Address <b>14 GOULART AVENUE</b>			Street Address <b>93 MATTADASSET STREET</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>EAST BURLING</b>	State <b>CT</b>	Zip <b>06023</b>
Director Name <b>ANDREW SARNEVITZ</b>			Director Name		
Street Address <b>18 OVERLOOK CAVÉ</b>			Street Address		
City <b>SUNAPEE</b>	State <b>NH</b>	Zip <b>03782</b>	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 <b>LOUIS TURENNE</b>				Date <b>2/5/23</b>	
Signature of Officer/Authorized Representative [Signature]					