



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 14 2024
1573 DL

- 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 26935	2. Exact name of the Corporation EVERREADY ENGINE AND HOSE COMPANY NO. 2		
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island FIRE HOUSE		
4. NAICS Code 999 999			

6. Principal Office Address 201 THAMES STREET	City BRISTOL	State RI	Zip 02809
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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 LOU TURENNE			Treasurer Name MARK MOREIRA		
Street Address 51 SOWAMS DR			Street Address 36 NARROWS ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

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 MARK SWEITZER			Director Name ROB LOPATOWSKI		
Street Address 93 MATTABASSETT ST			Street Address 3 BAY VIEW AVE APT 3		
City EAST BERLIN	State CT	Zip 06023	City BRISTOL	State RI	Zip 02809
Director Name TYLER FAGUNDES			Director Name		
Street Address 11 RYAN AVE			Street Address		
City BRISTOL	State RI	Zip 02809	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.

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 LOUIS TURENNE	Date 2/9/24
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Signature of Officer/Authorized Representative
[Handwritten Signature]