RI SOS Filing Number: 202446710590 Date: 2/14/2024 4:00:00 PM

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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation	2024	
Filing period: February 1 - May 1		

FEB 1 & 2024

1573 R

<ul><li>→ Filing Fee: \$20.00</li><li>→ Penalty: Additional \$25.00 fee if</li></ul>	form is not filed by	May 31.		•			
1. Entity ID Number	2. Exact name of the Corporation						
76935	EVERREADY ENGINE AND HOSE COMPANY NO.2						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RHODE ISLAMD							
4. NAICS Code	EDIE	House					
999 999		77002					
6. Principal Office Address			City	State	Zip		
201 THAMES STREET			BRISTOL.	RI	02809		
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name			Vice-President Name				
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
Secretary Name			Treasurer Name MARIC MORGERA				
Street Address 51 SOWAMS DR			Street Address	· · · · · · · · · · · · · · · · · · ·			
City BRISTOL		Zip 00809	City BN = STOL	State	Z1p 20805		
8. List ALL directors (names and ad	ddresses). RI Corr	oorations MUST lis	st at least THREE directors.	•			
Check the box to indicate an attachm							
Director Name	MARK SWEITZER			Director Name ROB LOPATOWSKI			
Director Name MARK SWG	EITZER		ROB LOP	ATOWSK	< <u>T</u>		
MARK SUC	155ETT 5	T .	Street Address	EW AUC	APT3		
Street Address 93 MATTABA City EAST BERLEN	155ETT 5	Zip (%0033	Street Address	State RI	APT3		
Street Address 93 MATTABA	SSETT S	<sup>Zip</sup> C6023	Street Address 3 BAY UI	EW AUC	APT3		
Street Address 93 MATTABA City EAST BERLEN  Diseases Name	SSETT S	<sup>Zip</sup> C6023	Street Address 3 BAY UI City BRISTOC	EW AUC	APT3		
Street Address 93 MATTA DA  City EAST BERLEN  Director Name TYUER FA	SSETT S	<sup>Zip</sup> C6023	City BRISTOC Director Name	EW AUC	APT3		
Street Address  Gity  City  EAST BERLEN  Director Name  TYLER FR  Street Address  II RYAN  City  City	State CT FGUNDE AVE State	Zip 07 80 9	Street Address  City  BRISTOC  Director Name  Street Address  City	State State	APT 3 Zip U2809 Zip		
Street Address 93 MATTABA  City EAST BERLEN  Director Name TYUER FA  Street Address // RYAN  City BRISTOL	State CT  State  AVE  Slate  In of record with the re and affirm that	Zip O 9  E RI Department	Street Address  City  Director Name  Street Address  City  of State is accurate. Changes required this report, including any according to the state of the state	State State State State State	2ip C)809		
Street Address  Gity  City  CAST BERLEN  Director Name  TYLER FA  Street Address  I RYAN  City  GRESTOL  9. The Registered Agent information  Under penalty of perjury, I declar	State CT  State  CT  AUC  State  State  on of record with the re and affirm that after the contained here.	Zip O 9  RI Department of the examined rein are true and	Street Address  City  Director Name  Street Address  City  Of State is accurate. Changes required this report, including any accordance.	State State State  State  State  State  State  State	Zip  Zip  Zip  Zip		
Street Address  Gity  City  CAST BERLEN  Director Name  TYLER FA  Street Address  I RYAN  City  GRESTOL  9. The Registered Agent information  Under penalty of perjury, I declar statements, and that all statements  This report must be signed by either the Press  Name of Officer/Authorized Repress	State  State  CT  ACC  State  State  The contained have sident, Vice-President, sentative	Zip O So 9  The RI Department of the examined rein are true and Secretary, Assistant Secretar	Street Address  City  Director Name  Street Address  City  Of State is accurate. Changes required this report, including any accordance.	State State State  State  State  State  State  State	Zip  Zip  Zip  Zip		
Street Address  Gity  City  CAST BERLEN  Director Name  TYLER FA  Street Address  I/ RYAN  City  GRESTOL  9. The Registered Agent information  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Present	State  CT  State  AVE  Slate  In of record with the re and affirm that ints contained he sident, Vice-President, sentative  URENNE	Zip O So 9  The RI Department of the examined rein are true and Secretary, Assistant Secretar	Street Address  City  Director Name  Street Address  City  Of State is accurate. Changes required this report, including any accordance.	State State State State  State  State  Intellige Form 64  Intellige Receiver or True	Zip  Zip  Zip  Zip		

MAIL TO:

**Division of Business Services** 

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