



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 27220		2. Name of Corporation Johnston Hose Company No. 3			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address P. O. Box 19145		City Johnston	Zip 02919-0145
5. Foreign corporation. Enter principal office address N.A.		City N.A.	State N.A.	Zip N.A.	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Vendetti			Vice President Name Michael S. Torelli		
Street Address P. O. Box 19145			Street Address P. O. Box 19145		
City Johnston	State RI	Zip 02919-0145	City Johnston	State RI	Zip 02919-0145
Secretary Name Riverda O. Silliman, Jr.			Treasurer Name Riverda O. Silliman, Jr.		
Street Address P. O. Box 19145			Street Address P. O. Box 19145		
City Johnston	State RI	Zip 02919-0145	City Johnston	State RI	Zip 02919-0145
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Gilbert A. Botelho			Director Name Stanford Quick		
Street Address P. O. Box 19145			Street Address P. O. Box 19145		
City Johnston	State RI	Zip 02919-0145	City Johnston	State RI	Zip 02919-0145
Director Name Stephen R. Ucci			Director Name N.A.		
Street Address P. O. Box 19145			Street Address N.A.		
City Johnston	State RI	Zip 02919-0145	City N. A.	State N.A.	Zip N.A.
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

FILED

JUL 09 2009

By 094203

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Riverda O. Silliman, Jr. July 9, 2009
Signature of Officer Date

Riverda O. Silliman, Jr.

Print or Type Name of Officer

Secretary-Treasurer

Title of Officer