

A. Ralph Mollis, Secretary of Sta Corporations Divisio 148 W. River Stre

Providence, RI 02904-26.

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

401.222.30 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.

penalty fee of \$25.00.		, , , , ,	The second of th	CHINE OF ME (N.I.O.L.	7-0-91) is subject to a	
1. Corporate ID No.	2. Name of Corporatio	n			·	
27216	JOHNSTO	N HOSE NO! YO	Junteen Fire D	epT.		
3. State of Incorporation	4. Corporate address is	n Rhode Island - Street Address	MAIL ADDRESS		Zip	
FIL			BROOKWOOD Dr	Johnston	1 02919	
5. Foreign corporation. Enter	principal office address	\	City	State	Zψ	
S. Reinf Description of the above						
CHILE d FOR.	ter of the affairs which are i	actually conducted in Rhode Isl	FOR RESERVE	ERMI FIRE	DENTIF	
COST TO TOWN	U. (3) Par	INP REFINES	FOR KESERVE	FIRE API	PATNO.	
7. NAMES AND ADDRESS	SES OF THE OFFICE	S: ("X" BOX FOR ATTACE	$PPIX \subseteq G_{-} / I \subseteq I \cap I \cap I$	$C \subseteq L \cap S \subseteq C$	(2001)11 ·	
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACH)			Vice President Name			
MUCHAEL J. PLACELLA JR.			DANIE / ROSATI			
Street Address			Street Address			
6 BROOKWOOD DRIVE			55 WALNUT ST.			
Johnston	State R, I	02919	City	State	2102919	
Secretary Name		1025 12	JOHNSTON	101	02919	
ALBINO CONTE.			MICHAEU, PLACELLA JR			
Street Address 55 WALNUT ST.			Street Address			
City	State	7:	6 EROOKW	00D DIZ		
Johns Ton	RIT	02919	John STON	State	02919	
8. NAMES AND ADDRESS	SES OF THE DIRECTO	ORS: ("X" BOX FOR ATTAI	1	<i> </i>	1	
THE NUMBER OF DIREC	TORS OF A DOMEST	IC (RHODE ISLAND)	CORPORATION SHALL	BEFORE USING ATTA	CHMENTS	
			Director Name	BE LESS THAN THE	<u>EE</u> (3). R.I.G.L. 7-6-23	
MICHAEL J. PLACECCA IN			DANIE	KOSAT!		
Street Address			Street Address	7 3 3 1		
6 BROOKWOOD DR.			55WALNUT ST			
thruston Director Name	State 2	02919	City	State	Zip a a	
Director Name	1:5+	02913	JO1110S(ON)	KI	02919	
Director Name	(1,7=		Director Name			
Street Address						
55 WALNUT ST.			Street Address			
Cuy	State	Zip	Citv	State	72	
~OhNS10N	KI	02919	1	June	Ζίρ	
9. REGISTERED AGENT II	N RHODE ISLAND	•		ŗ	Į	
This information is currently	v of record in the Offic	a of the Coursean, of Cours	<i>(</i> 21			
			. Changes require filing of Forr			
This report mu	st be signed by either	the President, Vice Presi	ident, Secretary, Assistant Sec	retary, Treasurer, Rec	eiver or Trustee	
				·	.	

File Date FILED Check No. MAY 1 8 2010

· `}	Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that a statements contained herein are true and correct.	s []
	Signature of Officer MICHAEL J. Phacella Ji2 Print or Type Name of Officer PRES! DENT	_