



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 7216		2. Exact name of the Corporation JOHNSTON HOSE 1 VOLUNTEER FIRE DEPT			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO ASSIST PERM FIRE DEPT IF CALLED UPON/PROVIDE HOUSING FOR RESERVE FIRE APPARATUS AT NO COST TO THE TOWN/TO PROVIDE STORAGE FOR HOSE AND SUPPLIES/PROV OFFICE & SPACE FOR SCHOOLS AND TRAINING			
5. Principal office address 1 WILLOW ST MAILING ADDRESS 6 BROOKWOOD DR		City JOHNSTON	State RI	Zip 02919	
8. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL J PLACELLA JR			Vice-President Name ALAN ZAMBARANO		
Street Address 6 BROOKWOOD DR			Street Address 19 COOKE DR		
City JOHNSTON	State RI	Zip 02919	City SCITUATE	State RI	Zip 02857
Secretary Name MICHAEL R IZZO			Treasurer Name MICHAEL J PLACELLA JR		
Street Address 355 COMSTOCK PKY			Street Address 6 BROOKWOOD DR		
City CRANSTON	State RI	Zip 02921	City JOHNSTON	State RI	Zip 02919
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL J PLACELLA JR			Director Name ALAN ZAMBARANO		
Street Address 6 BROOKWOOD DR			Street Address 19 COOKE DR		
City JOHNSTON	State RI	Zip 02919	City SCITUATE	State RI	Zip 02857
Director Name MICHAEL R IZZO			Director Name		
Street Address 355 COMSTOCK PKY			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUN 13 2012

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.

1063

Michael J Placella 6-11-12

Signature of Officer

Date

MICHAEL J PLACELLA JR

Print or Type Name of Officer

PRESIDENT/TREASURER

Title of Officer