



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. 27220		2. Exact name of the Corporation Johnston Hose Company No.3			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Assist Local charities			
5. Principal office address 104 Greenville Ave		City Johnston		State RI	Zip 02919
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Vendetti		Vice-President Name Michael Torrelli			
Street Address 104 Greenville Ave		Street Address 104 Greenville Ave			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Thomas Ucci Jr		Treasurer Name Thomas Ucci Jr			
Street Address 104 Greenville Ave		Street Address 104 Greenville Ave			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gilbert Botelho		Director Name Stephen Ucci			
Street Address 104 Greenville Ave		Street Address 104 Greenville Ave			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name David Mcdougall		Director Name			
Street Address 104 greenville Ave		Street Address			
City Johnston	State RI	Zip 02919	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 19 2012

BY 3246

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.

Thomas Ucci Jr 6/17/2012
Signature of Officer Date

Thomas Ucci Jr
Print or Type Name of Officer

Sec./Treasurer
Title of Officer