

## 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 2013

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

Filing Fee: \$20.00 • FAIL	URE TO FILE T	HIS REPORT BY J	JLY 30 WILL RES	SULT IN A \$25.00	PENALTY F	FEE.	
1. Entity ID No.	2. Exact name of	the Corporation	<del> </del>	* ·			
27220	Johnsien Hose Company No 3						
3. State of Incorporation	4. Brief description	n of the character of b	usiness conducted i	n Rhode Island	· · · · ·		
NI	A.	55,51	Local	Char	iries		
5. Principal office address  104 Greci				iston	State MI	Zip C29/9	
6.11ST ALL OFFICERS (NAMES	S AND ADDRESS	ES) ("X" BOX FOR AT	TACHMENT)	Marie Pare Street			
President Name  Michael	Vender	71 <sup>'</sup>	Vice-President Na	ame Sael To	2/16/	/, ·	
Street Address		<u> </u>	Street Address			N3 (6)	
104 Gree	NHILLE	AVE	104	Greenin.	111		
City - Johnston	State $ hbar T $	Zip -C2-919-	City Joh.	NS TON	State 71	ZID 27.75 5C23/2%	
Secretary Name Thomas	Ucci	<i></i> ファ	Treasurer Name	Thomas	Me	RAPE	
		IIC PAN	Street Address	Green	e de la	PARS	
City Johnson	State N Z	Zip 02919	City John		State 17_T	TO SAL 9	
TALIST <u>ALI</u> TOIREGTORS (NAME (HXCBIOX RORATTACHMENT	Syandyardrias )	SES)#RICOFISEAN	ECORPORATIONS	.00%ខេង <i>ដ</i> ែលប្រ	ESSTRANT	HREE (9) DIR FE ORS	
Director Name Cilberi	Bote	1hc	Director Name	uppin	UC		
Street Address  / C // G/  City			Street Address				
City Schnsro.	State NT	Zip 02919	City Joh.	Grera	State	Zip C2919	
Director Name  Donlin' d	me po	9911	Director Name			-	
Street Address 104 Green	wille i	Ax 1	Street Address		·-		
Oity Jennsie.	State N ±	2ip 62919	City		State	Zip	
8-REGISTERED AGENT IN PHO	DEISLAND	Lead of Albandaria					
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							
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≨πίβ⊅ατο (Circole)(or	JUN 1 3 2013 02199292	Under penalty of perjury, I declare and at this report, including any accompanying and that all statements contained herein	schedules and statements.
<b>9</b> /		Signature of Officer	Date
FEDRALEGRATIKOFSTATE USE ONLY		Themas UCC: Print or Type Name of Officer	57.
			. 4
Form No. 631		Sec / Treas	s wee"
Revised: 05/2012		Title of Officer	-