



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

1. Entity ID No. 26120		2. Exact name of the Corporation DEFIANCE HOSE COMPANY NO. 1			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island FIRE FIGHTING - COMMUNITY SERVICE			
5. Principal office address 1124 HOPE STREET		City BRISTOL	State RI	Zip 02809	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FRANK SOUSA		Vice-President Name ADAM CABRAL			
Street Address 12 CHARLOTTE SRIVE		Street Address 31 PECHAM PLACE			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name WILLIAM VAN VOAST		Treasurer Name RAYMOND CASTRO			
Street Address 72 FALES ROAD		Street Address A ALMA AVENUE			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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 DONALD VAN VOAST		Director Name DAVID COCCIO			
Street Address 72 FALES ROAD		Street Address 33 GREENWAY DRIVE			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name JOSEPH DAROSA		Director Name STEPHEN GRIM			
Street Address 35 OPECHEE DRIVE		Street Address 31 RIVER STREET			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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: _____

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BY 3119

FILED

JUL 08 2013

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.

Frank Sousa 7.1.2013
 Signature of Officer Date

FRANK SOUSA

Print or Type Name of Officer

PRESIDENT

Title of Officer