



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 73766		2. Exact name of the Corporation Johnston Retired Firefighter's			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Retired Firefighter Meetings			
5. Principal office address 720 Putnum Pike			City Greenville	State R.I.	Zip 02828
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony D Sciarra			Vice-President Name Thomas Ucci JR		
Street Address 720 Putnum Pike			Street Address 633 Smithfield RD		
City Greenville	State R.I.	Zip 02828	City No Prov	State R.I.	Zip 02904
Secretary Name Thomas Ucci JR			Treasurer Name Anthony D Sciarra		
Street Address 633 Smithfield RD			Street Address 720 Putnum Pike		
City No Prov	State R.I.	Zip 02904	City Greenville	State R.I.	Zip 02828
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 Richard Aitchison			Director Name Eugene H Daigneault		
Street Address 6505 Stone River RD #101			Street Address 12 Geomondi DR		
City Bradenton	State FL	Zip 34203	City Johnston	State R.I.	Zip 02819
Director Name Anthony D Sciarra			Director Name Anthony D Sciarra		
Street Address 720 Putnum Pike			Street Address 720 Putnum Pike		
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

MAY 14 2014 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.

BY **1001** **Anthony D Sciarra** **5/12/14**
 Signature of Officer or Authorized Representative Date

Reg Agent → **Anthony D Sciarra**
 Print or Type Name of Officer or Authorized Representative