



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. <u>27216</u>		2. Exact name of the Corporation <u>JOHNSTON HOSE NO 1 VOLUNTEER FIRE DEPT.</u>			
3. State of Incorporation <u>R.I</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO ASSIST PERIA FIRE DEPT II CALLED UPON / Provide Housing FOR RESERV FIRE APP AT NO COST TO FRUIT TO PROVIDE STORAGE SPACE FOR SUPPLIES / OFFICE SPACE &amp; ROOM FOR TRAINING</u>			
5. Principal office address <u>1 Willow St</u> <u>MAIL ADD. 6 BROOKWOOD DR</u>		City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>MICHAEL J. PLACELLA JR</u>		Vice-President Name <u>ALAN ZAMBARANO</u>			
Street Address <u>6 BROOKWOOD DR.</u>		Street Address <u>19 COOKE DR.</u>			
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>
Secretary Name <u>MICHAEL IZZO</u>		Treasurer Name <u>MICHAEL J. PLACELLA JR</u>			
Street Address <u>355 COMISTOCK PKY</u>		Street Address <u>6 BROOKWOOD DR</u>			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>
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 <u>MICHAEL J. PLACELLA JR</u>		Director Name <u>ALAN ZAMBARANO</u>			
Street Address <u>6 BROOKWOOD DR</u>		Street Address <u>19 COOKE DR.</u>			
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>
Director Name <u>MICHAEL IZZO</u>		Director Name			
Street Address <u>355 COMISTOCK PKY</u>		Street Address			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	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, duly Authorized Representative, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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FILED

JUN 12 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.

Signature of Officer or Authorized Representative

Date

MICHAEL J. PLACELLA JR Pres  
Print or Type Name of Officer or Authorized Representative