RI SOS Filing Number: 201600635090 Date: 06/13/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation		
27216	Johnston Hose No. 1 Volunteer Fire Department		
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**		
RI	FOSTER GOOD WILL BETWEEN CITIZENS, FIRE DEPT & TOWN. ASSIST PERM FIRE DEPT IF CALLED UPON PROVIDE TRAINING AREAS & FACILITIES FOR RESERVE EQUIPMENT ORGANIZATIONS		
5. Principal Office Address		**City**	**State** / **Zip**
1 WILLOW ST MAIL ADDRESS 6 BROOKWOOD DR		JOHNSTON	RI 02919

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MICHAEL J. PLACELLA JR	ALAN ZAMBARANO
Street Address: 6 BROOKWOOD DR	Street Address: 19 COOKE DR
City: JOHNSTON State: RI Zip: 02919	City: SCITUATE State: RI Zip: 02857
Secretary Name	**Treasurer Name**
MICHAEL IZZO	MICHAEL J. PLACELLA JR
Street Address: 355 COMSTOCK PKY	Street Address: 6 BROOKWOOD DR
City: CRANSTON State: RI Zip: 02921	City: JOHNSTON State: RI Zip: 02919

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
See 6 ABOVE	See 6 ABOVE
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name: See 6 ABOVE	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Michael J Placella Jr. Pres | Treas	5/26/16

Signature of Officer/Authorized Representative: Michael J Placella Jr. Pres | Treas

FILED
JUN 13 2016
BY 1089

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