



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

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>27220</u>	2. Exact name of the Corporation <u>JOHNSTON HOSE COMPANY NO. 3</u>		
3. State of Incorporation <u>R.I</u>	5. Brief description of the character of business conducted in Rhode Island <u>ASSIST NON-PROFITS IN THE TOWN OF JOHNSTON.</u>		
4. NAICS Code <u>813319</u>			

6. Principal Office Address <u>104 Greenville Ave</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Michael Vendetti</u>		Vice-President Name <u>Michael Torrelli</u>	
Street Address <u>104 Greenville Ave</u>		Street Address <u>104 Greenville Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>
Secretary Name <u>Thomas Ucci Jr.</u>		Treasurer Name <u>Thomas Ucci Jr.</u>	
Street Address <u>104 Greenville Ave</u>		Street Address <u>104 Greenville Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Stephen Ucci</u>		Director Name <u>Glenn Quick</u>	
Street Address <u>104 Greenville Ave</u>		Street Address <u>104 Greenville Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	Zip <u>02919</u>
Director Name <u>David McDougall</u>		Director Name	
Street Address <u>104 Greenville Ave</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	Zip

9. 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 <u>Thomas Ucci Jr.</u>	Date <u>6/2/2017</u>
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Signature of Officer/Authorized Representative
Thomas Ucci Jr.

FILED

JUN 07 2017

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