HOPE

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	3017
Non-Profit Corporation	2017

- → 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	2. Exact name of	of the Corporation				
27220	Jo	7hN570	N Hose Co	mpany	No. 3	
State of Incorporation	<ol><li>5. Brief descripti</li></ol>	tion of the characte	er of business conducted in Rhod	le Island		
R, J	A5	ASSIST NON-Profits in The Town of				
4. NAICS Code	1 200	NSTON.				
813319						
6. Principal Office Address	<del></del>		City	State	Zip	
104 Green		711c	JOHNSTON	RI	02919	
7. List ALL officers (names and add	Iresses)			k the box to indica	ite an attachment	
President Name MIChGEI	Veno	le 77/	Vice-President Name	ael To		
Street Address 104 Green 1			Street Address	reenvil		
City SCHNSTON		Zip	l City	State	Zip	
Secretary Name			Tohnston Treasurer Name		02919	
/homas	UCC;	Jn.	Ihomo	as Ucci	<i>、</i> フィ	
Street Address  ICY Gre			Street Address		· -	
City JCHNSTCN	State // Z	Zip 02919	City Johnston	State	77:	
8. List ALL directors (names and ad				114		
				Check the box to ind	licate an attachment	
Director Name 57 EPhen	UCC,		Director Name G/en	N QU	ick	
Street Address / C Y Gre			Street Address		e Ave	
		Zip 029/9	City JChNS7CM	State NJ	Zip Co G 10	
Director Name			Director Name	,,,,	06/17	
Street Address			Street Address			
City Johnston	State NJ	Zip 02919	City	State	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	I have examined t	this report including any acco			
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 Represe		Marie y Comment	etary, Hosourar, daily Administra Noproces	Date	istee.	
		, 5n			12017	
Signature of Officer/Authorized Repre	esentative		and the second s		1 6 6-7 .	
Themas Bignature of Officer/Authorized Repre	hama	Uco	F	ILED		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 07 2017

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FORM 631 - Revised: 05/2017