



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 27216		2. Exact name of the Corporation JOHNSTON HOSE NO 1 VOLUNTEER FIRE Department			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FOSTER GOOD WILL BETWEEN DISTRICT AND FIRE DEPT AND TOWN ASSIST PERM FIRE DEPT IF CALLED UPON PROVIDE TRAINING AREA AND FACILITIES FOR RESERVE APPARATUS AND EQUIPMENT OFFICE SPACE AND TRAINING CLASS ROOM			
4. NAICS Code 813920 - Professional Organ					
6. Principal Office Address 1 WILLOW ST MAIL 6 BROOKWOOD DR			City JOHNSTON	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL J PLACELLA JR			Vice-President Name 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 MICHAEL IZZO			Treasurer Name MICHAEL J PLACELLA JR		
Street Address 355 COMSTOCK PKWY			Street Address 6 BROOKWOOD DR		
City CRANSTON	State RI	Zip 02921	City JOHNSTON	State RI	Zip 02919
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 MICHAEL J PLACELLA JR			Director Name ALAN ZAMBARANO		
Street Address 6 BROOKWOOD DR			Street Address 19 COOKE DR		
City JOHNSTON	State RI	Zip 02919	City SCITUATE	State RI	Zip 02857
Director Name MICHAEL IZZO			Director Name		
Street Address 355 COMSTOCK PKWY			Street Address		
City CRANSTON	State RI	Zip 02921	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 have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative MICHAEL J PLACELLA JR PRES TREAS				Date 6/22/17	
Signature of Officer/Authorized Representative <i>Michael J Placella</i> FILED					

JUN 26 2017
BY *301805*
A.A.