



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

Annual Report for the year: 2018  
 Non-Profit Corporation

STAMP

- 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<br><b>000027216</b>  |                    | 2. Exact name of the Corporation<br><b>JOHNSTON HOSE 1 VOLUNTEER FIRE DEPT</b>  |                        |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>FOSTER GOOD WILL BTW DISTRICT &amp; FIRE DEPT ASSIST PERM FIRE DEPT WHEN CALLED UPON. PROVIDE TRAINING AREA &amp; FACILITIES FOR RESERVE FIRE APPARATUS / SUPPLIES / EQUIPMENT.</b> |                        |
| 4. NAICS Code<br><b>813920</b>   |                    |   |                        |
| 6. Principal Office Address<br><b>1 WILLOW ST.</b>   |                    | City<br><b>JOHNSTON</b>   | State<br><b>RI</b>     |
|  |                    | Zip<br><b>02919</b>   |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |                        |
| President Name<br><b>MICHAEL J. PLACELLA JR</b>  |                    | Vice-President Name<br><b>ALAN ZAMBARANO</b>  |                        |
| Street Address<br><b>6 BROOKWOOD DR.</b>   |                    | Street Address<br><b>19 COOKE</b>   |                        |
| City<br><b>JOHNSTON</b>  | State<br><b>RI</b> | City<br><b>SCITUATE</b>   | State<br><b>RI</b>     |
| Zip<br><b>02919</b>  |                    | Zip<br><b>02857</b>   |                        |
| Secretary Name<br><b>MICHAEL IZZO</b>  |                    | Treasurer Name<br><b>MICHAEL J. PLACELLA JR</b>   |                        |
| Street Address<br><b>355 COMSTOCK PKY.</b>   |                    | Street Address<br><b>6 BROOKWOOD DR.</b>  |                        |
| City<br><b>CRAVSTON</b>  | State<br><b>RI</b> | City<br><b>JOHNSTON</b>   | State<br><b>RI</b>     |
| Zip<br><b>02920</b>  |                    | Zip<br><b>02919</b>   |                        |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |   |                        |
| Director Name<br><b>MICHAEL J. PLACELLA JR.</b>  |                    | Director Name<br><b>ALAN ZAMBARANO</b>  |                        |
| Street Address<br><b>6 BROOKWOOD DR.</b>   |                    | Street Address<br><b>19 COOKE</b>   |                        |
| City<br><b>JOHNSTON</b>  | State<br><b>RI</b> | City<br><b>SCITUATE</b>   | State<br><b>RI</b>     |
| Zip<br><b>02919</b>  |                    | Zip<br><b>02857</b>   |                        |
| Director Name<br><b>MICHAEL IZZO</b>   |                    | Director Name   |                        |
| Street Address<br><b>355 COMSTOCK PKY</b>  |                    | Street Address  |                        |
| City<br><b>CRAVSTON</b>  | State<br><b>RI</b> | City  | State                  |
| Zip<br><b>02920</b>  |                    | Zip   |                        |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                    |   |                        |
| <b>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.</b>        |                    |   |                        |
| <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<br><b>MICHAEL J. PLACELLA JR. Pres/Treas</b>   |                    |   | Date<br><b>6/14/18</b> |
| Signature of Officer/Authorized Representative<br><b>Michael J. Placella Jr. Pres/Treas</b>  |                    |   |                        |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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**JUN 18 2018**

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