



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 000027216		2. Exact name of the Corporation JOHNSTON HOSE 1 VOLUNTEER FIRE DEPT	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island FOSTER GOOD WILL BTW DISTRICT & FIRE DEPT ASSIST PERM FIRE DEPT WHEN CALLED UPON. PROVIDE TRAINING AREA & FACILITIES FOR RESERVE FIRE APPARATUS / SUPPLIES / EQUIPMENT.	
4. NAICS Code 813920			
6. Principal Office Address 1 WILLOW ST.		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	
City JOHNSTON	State RI	City SCITUATE	State RI
Zip 02919		Zip 02857	
Secretary Name MICHAEL IZZO		Treasurer Name MICHAEL J. PLACELLA JR	
Street Address 355 COMSTOCK PKY.		Street Address 6 BROOKWOOD DR.	
City CRAVSTON	State RI	City JOHNSTON	State RI
Zip 02920		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	
City JOHNSTON	State RI	City SCITUATE	State RI
Zip 02919		Zip 02857	
Director Name MICHAEL IZZO		Director Name	
Street Address 355 COMSTOCK PKY		Street Address	
City CRAVSTON	State RI	City	State
Zip 02920		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 6/14/18
Signature of Officer/Authorized Representative Michael J. Placella Jr. Pres/Treas			

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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