RI SOS Filing Number: 201986428860 Date: 2/11/2019 4:00:00 PM State of Rhode Island and Providence Plantations  Department of State - Business Services Division						
Annual Report for the year:  Non-Profit Corporation  → Filing period: June 1 - June 30  → Filing Fee: \$20.00  → Penalty: Additional \$25.00 fee if	<u> </u>					
1. Entity ID Number	2. Exact name of the Corporation					
000029112	Pascoag Hose Company No. 1					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Social and Literary Purposes					
4. NAICS Code 813319			2 1-11 -2-2			
6. Principal Office Address 105 PasCoag Main St.			City Pascoag		State R <u>T</u>	Zip 02859
7. List ALL officers (names and addresses)				Ched	ck the box to indicate	e an attachment
President Name Brian Venditelli			Vice-President Name Ryan Peck			
Street Address 2338 Wallum Lake Rd			Street Address 199 Town Farm Rd.			
City Pascoag	State R1	Zip 02859	Cily Pascoag		State RI	<sup>Zip</sup> 02859
Secretary Name Thomas Walker, Sr.			Treasurer Name Jason Le Maire			
Street Address 186 Rock Ave.			Street Address 130 Reservoir Rd.			
city Pascoag	State RI	Zip 02859	city Pascoag		State RI	Zip 02859
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Richard Peck, II			Director Name Kewin Stockwell			
Street Address 199 Town Farm Rd.			Street Address 135 Old Wallum Lake Rd.			
city Pascoag	State R1	zip 02859	City Pascoag		State RI	02859
Director Name Sharon Jenks			Director Name			
Street Address 234 South Main St.			Street Address			
City Possoco	State RT	ZIP 02859	City		State	Zíp

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

Thomas Walker, Ir.

Date

06 Feb 2019

Signature of Officer/Authorized Representative

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FEB 1 1 2019

MAIL TO:

Division of Business Services

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

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

BY \_\_\_\_\_ CRM 531\_Revised: 11/2017