



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

Annual Report for the year:

Non-Profit Corporation

2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 10 2019

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BY

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|--|--------------------|--|--|--------------------|-------------------------|
| 1. Entity ID Number <u>000027220</u> | | 2. Exact name of the Corporation <u>Johnston Hose Company No. 3</u> | | | |
| 3. State of Incorporation <u>R.I.</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>Financially help local non-profit organizations. Includes Food Pantry's, Youth Sports.</u> | | | |
| 4. NAICS Code <u>813990</u> | | | | | |
| 6. Principal Office Address <u>P.O. Box 19145</u> | | | City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>Michael Vendetti</u> | | | Vice-President Name <u>Michael Torrelli</u> | | |
| Street Address <u>P.O. Box 19145</u> | | | Street Address <u>P.O. Box 19145</u> | | |
| City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> | City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> |
| Secretary Name <u>Thomas Ucci Jr</u> | | | Treasurer Name <u>Thomas Ucci Jr</u> | | |
| Street Address <u>P.O. Box 19145</u> | | | Street Address | | |
| City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> | City | State | Zip |
| 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 <u>Stephen Ucci</u> | | | Director Name <u>David McDougall</u> | | |
| Street Address <u>P.O. Box 19145</u> | | | Street Address <u>P.O. Box 19145</u> | | |
| City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> | City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> |
| Director Name <u>Glen W. Quick</u> | | | Director Name | | |
| Street Address <u>P.O. Box 19145</u> | | | Street Address | | |
| City <u>Johnston</u> | State <u>RI</u> | Zip <u>02919</u> | 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| Name of Officer/Authorized Representative <u>Thomas Ucci Jr Sec/Treasurer</u> | | | | | Date <u>6/6/2019</u> |
| Signature of Officer/Authorized Representative <u>Thomas Ucci Jr</u> SIGN DOCUMENT HERE | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.n.gov