



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 08 2020

BY

3678

Annual Report for the year:

2020

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 <input checked="" type="checkbox"/> 0027220		2. Exact name of the Corporation <input checked="" type="checkbox"/> JOHNSTON HOSE COMPANY NO 3	
3. State of Incorporation <input checked="" type="checkbox"/> RI		5. Brief description of the character of business conducted in Rhode Island <input checked="" type="checkbox"/> FINANCIAL ASSIST NON-PROFITS in THE JOHNSTON AREA	
4. NAICS Code <input checked="" type="checkbox"/> 813990			
6. Principal Office Address <input checked="" type="checkbox"/> P.O. Box 19145192		City JOHNSTON	State RI
		Zip 02919	
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Vendetti		Vice-President Name Michael Torrelli	
Street Address PO Box 19145		Street Address PO Box 19145	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name Thomas Ucci		Treasurer Name Thomas Ucci	
Street Address PO Box 19145		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Stephen Ucci		Director Name Glenr Quick	
Street Address PO Box 19145		Street Address PO Box 19145	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Director Name David McDougall		Director Name	
Street Address PO Box 19145		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641. <input checked="" type="checkbox"/>			
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. <input checked="" type="checkbox"/>			
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 Ucci			Date 6/3/2020
Signature of Officer/Authorized Representative Thomas Ucci SIGN DOCUMENT HERE			