



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"/>		2. Exact name of the Corporation <input checked="" type="checkbox"/>	
0027220		JOHNSTON HOSE COMPANY NO 3	
3. State of Incorporation <input checked="" type="checkbox"/>		5. Brief description of the character of business conducted in Rhode Island <input checked="" type="checkbox"/>	
RI		FINANCIALLY ASSIST NON-PROFITS IN THE JOHNSTON AREA	
4. NAICS Code <input checked="" type="checkbox"/>			
813990			
6. Principal Office Address <input checked="" type="checkbox"/>		City	State
P.O. Box 19145192		JOHNSTON	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		Vice-President Name	
Michael Vendetti		Michael Torrelli	
Street Address		Street Address	
PO Box 19145		PO Box 19145	
City	State	City	State
JOHNSTON	RI	JOHNSTON	RI
Zip	02919	Zip	02919
Secretary Name		Treasurer Name	
Thomas Ucci		Thomas Ucci	
Street Address		Street Address	
PO Box 19145			
City	State	City	State
JOHNSTON	RI		
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		Director Name	
Stephen Ucci		Glenr Quick	
Street Address		Street Address	
PO Box 19145		PO Box 19145	
City	State	City	State
JOHNSTON	RI	JOHNSTON	RI
Zip	02919	Zip	02919
Director Name		Director Name	
David McDougall			
Street Address		Street Address	
PO Box 19145			
City	State	City	State
JOHNSTON	RI		
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"/>			
<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			Date
Thomas Ucci			6/31/2020
Signature of Officer/Authorized Representative			
Thomas Ucci			SIGN DOCUMENT HERE

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