



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

Annual Report for the year:
Non-Profit Corporation

2020

FILED

JUL 08 2020

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

BY

1928 DS

1. Entity ID Number 000029112		2. Exact name of the Corporation Pascoag Hose Company No. 1	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social and literary purposes	
4. NAICS Code 813319			
6. Principal Office Address 105 Main Street		City Pascoag	State RI Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dank Branconier		Vice-President Name Thomas Arndt	
Street Address 99 Fairview Ave		Street Address 9 Mill Street	
City North Smithfield	State RI Zip 02896	City Oakland	State RI Zip 02858
Secretary Name Thomas R. Walker, Jr.		Treasurer Name Lisa Dupuis	
Street Address 186 Rock Ave		Street Address 66 Broad St	
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 <input type="checkbox"/>			
Director Name Kevin Stockwell		Director Name Benjamin Arndt	
Street Address 135 Old Wallum Lake Rd		Street Address 231 Liberty Lane	
City Pascoag	State RI Zip 02859	City Harrisville	State RI Zip 02830
Director Name Sharon Jenks		Director Name	
Street Address 234 South Main Street		Street Address	
City Pascoag	State RI Zip 02859	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.			
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 R. Walker, Jr.			Date 6/30/2020
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE

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