



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

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.

FILED
 JUL 16 2020
 BY 1299 DS

1. Entity ID Number 000026120		2. Exact name of the Corporation The Defiance Hose Company Number One			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Firefighting			
4. NAICS Code 624230 - Emergency and <input type="checkbox"/>					
6. Principal Office Address 72 Fales Road		City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nelson Luis			Vice-President Name Ryan Coccio		
Street Address 10 Malden Street			Street Address 5 Milford Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name William Van Voast			Treasurer Name David Coccio		
Street Address 72 Fales Road			Street Address 33 Greenway Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 David benevides			Director Name Stephen Grimo		
Street Address 46 Roma Street			Street Address 31 River Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Joseph DaRosa			Director Name John Coccio		
Street Address 35 Opechee Drive			Street Address 5 Milford Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Nelson Luis				Date 7/10/20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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