State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

APR 12 2023 DV
1092

1. Entity ID Number	2. Exact name of the Corporation
26120	The Defiance Hose Company Number One
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Volunteer Firefighting Company and Community Service Company
4. NAICS Code: 813212 - Voluntary Health Or	

6. Principal Office Address	City	State	Zip
1124 Hope St.	Bristol	R.I.	02809

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Luis Medeiros			Vice-President Name: Julia Vollaro		
Street Address: 40 Roma St.			Street Address: 77 Beach Rd.		
City: Bristol	State: R.I.	Zip: 02809	City: Bristol	State: R.I.	Zip: 02809
Secretary Name: Paul R. Vollaro Sr.			Treasurer Name: David Coccio		
Street Address: 3 Jefferson Ln.			Street Address: 33 Greenway Dr.		
City: Bristol	State: R.I.	Zip: 02809	City: Bristol	State: R.I.	Zip: 02809

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Joseph daRosa			Director Name: David Benevides		
Street Address: 35 Opechee Dr.			Street Address: 46 Roma St.		
City: Bristol	State: R.I.	Zip: 02809	City: Bristol	State: R.I.	Zip: 02809
Director Name: Nelson Luis			Director Name: Daniel Cheatom		
Street Address: 10 Malden St.			Street Address: 22 Sowams Dr.		
City: Bristol	State: R.I.	Zip: 02809	City: Bristol	State: R.I.	Zip: 02809

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Paul R. Vollaro Sr.	3/10/23

Signature of Officer/Authorized Representative
Paul R Vollaro Sr

MAIL TO:
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