RI SOS Filing Number: 202333421240 Date: 4/19/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2023

RILDEPT OF STATE (2001)
BUS SYCS DIV

2023 APR 19 PM 1: 15

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

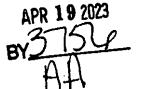
1. Entity ID Number	2. Exact name of the Corporation					
0000 27 220	Johnston Hose Company No. 3					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
R, I	DONATE TO LOCAL FOOD BANKS					
4. NAICS Code	and local Charitys					
8/3990						
6. Principal Office Address		•	City		State	Zip
PO BOX 191	45		20	hwston	NI	02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Michael Vendetti			Vice-President Name 505ePh Vivgi			
Street Address POBOX 19145			Street Address Po Box 19145			
City JOHNSTON		Zip 029/9	Citu	hnsten	State $\mathcal{N}\mathcal{I}$	Zip 029/9
			Treasurer Name Thomas UCCi			
Street Address Pa Box 19145			Street Address Po Box 19145			
City Johnston	State NI	CZ 919		hnston		Zip 029/9
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
Check the box to indicate an attachment Director Name Director Name						
STEPhen Ucci			David McDousau			
Street Address Po Box 19145			Street Address Pa Box 19145 City Johnston State 77 Zip 029/9			
Johnston 1	State $\mathcal{N}\mathcal{I}$	Zip 02919	City To	husron	State NJ	Zip 02 9/9
Director Name Glenn Quick			Director Name			
Street Address Po Box 19145			Street Address			
City Johnson		Zip 02919	City		State	Zip
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, duty Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative					Date	-
Thomas UCCI Signature of Officer/Authorized Representative Incoma UCG FILED					4/17/	23
Signature of Officer/Authorized Representative						
Moma Uca FILED						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov



FORM 631 - Revised: 2/2023