



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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1. Entity ID Number <u>000027220</u>		2. Exact name of the Corporation <u>Johnston Hose Company No. 3</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>DONATE TO LOCAL Food Banks and Local Charities</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>PO Box 19145</u>		City <u>Johnston</u>	State <u>RI</u>
		Zip <u>02919</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Michael Vendetti</u>		Vice-President Name <u>Joseph Kingi</u>	
Street Address <u>PO Box 19145</u>		Street Address <u>PO Box 19145</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Secretary Name <u>Thomas Ucci</u>		Treasurer Name <u>Thomas Ucci</u>	
Street Address <u>PO Box 19145</u>		Street Address <u>PO Box 19145</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Stephen Ucci</u>		Director Name <u>David McDonough</u>	
Street Address <u>PO Box 19145</u>		Street Address <u>PO Box 19145</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02919</u>	
Director Name <u>Glenw Quick</u>		Director Name	
Street Address <u>PO Box 19145</u>		Street Address	
City <u>Johnston</u>	State <u>RI</u>	City	State
Zip <u>02919</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <u>Thomas Ucci</u>			Date <u>4/17/23</u>
Signature of Officer/Authorized Representative <u>Thomas Ucci</u>			

FILED

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BY 3754  
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