



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 19 PM 1:15

1. Entity ID Number 000027220		2. Exact name of the Corporation JOHNSTON HOSE COMPANY NO. 3	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island DONATE TO LOCAL FOOD BANKS AND LOCAL CHARITIES	
4. NAICS Code 813990			
6. Principal Office Address PO BOX 19145		City JOHNSTON	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Vendetti		Vice-President Name Joseph Kingi	
Street Address PO BOX 19145		Street Address PO BOX 19145	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name Thomas Ucci		Treasurer Name Thomas Ucci	
Street Address PO BOX 19145		Street Address PO BOX 19145	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
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 STEPHEN UCCI		Director Name DAVID McDONNELL	
Street Address PO BOX 19145		Street Address PO BOX 19145	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Director Name GLENW QUINN		Director Name	
Street Address PO BOX 19145		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		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.			
<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 Thomas Ucci			Date 4/17/23
Signature of Officer/Authorized Representative Thomas Ucci			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

APR 19 2023
 BY 3754
 AA

FILED