RI SOS Filing Number: 202333895140 Date: 4/25/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 25 2023
BY 1004 ES

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.

1. Entity ID Number	2. Exact name of the Corporation
73766	Johnston Retired Firefighters
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Retired firefighter's Annual Meeting's
4. NAICS Code: 83110	

6. Principal Office Address	City	State	Zip
32 Whitford ST	Coventry	RI	02816

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

President Name	Vice-President Name
Anthony Sciarra	Thomas Ucci
Street Address: 32 Whitford ST	Street Address: 633 Smithfield RD
City: Coventry State: RI Zip: 02816	City: North Prov State: RI Zip: 02904
Secretary Name	**Treasurer Name**
Thomas Ucci	Anthony Sciarra
Street Address: 633 Smithfield RD	Street Address: 32 Whitford ST
City: North Prov State: RI Zip: 02904	City: Coventry State: RI Zip: 02816

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
Richard Atchison	Eugene Daigneault
Street Address: 6505 Stone River	Street Address: 12 Gesmondi
City: Bradenton State: Fla Zip: 34203	City: Johnston State: RI Zip: 02919
Director Name	Director Name: Anthony Sciarra
Street Address	Street Address: 32 Whitford ST
City / State / Zip	City: Coventry State: RI Zip: 02816

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
ANTHONY SCIARRA	4-20-23
Signature of Officer/Authorized Representative: Anthony Sciarra	

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

FORM 631 - Revised: 11/2021