



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:
Non-Profit Corporation

2023

APR 25 2023

BY 1004 ES

- 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 73766 | | 2. Exact name of the Corporation 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 32 Whitford ST | | City Countryside | | State RI | Zip 02816 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Anthony Sciarra | | | Vice President Name Thomas Ucci | | |
| Street Address 32 Whitford ST | | | Street Address 633 Smithfield RD | | |
| City Countryside | State RI | Zip 02816 | City North Providence | State RI | Zip 02904 |
| Secretary Name Thomas Ucci | | | Treasurer Name Anthony Sciarra | | |
| Street Address 633 Smithfield RD | | | Street Address 32 Whitford ST | | |
| City North Providence | State RI | Zip 02904 | City Countryside | 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 <input type="checkbox"/> | | | | | |
| Director Name Richard Atchison | | | Director Name Eugene Dagnault | | |
| Street Address 6505 Stone River | | | Street Address 12 Gesmondi | | |
| City Brenton | State Fla | Zip 34203 | City Johnston | State RI | Zip 02919 |
| Director Name Anthony Sciarra | | | Director Name Anthony Sciarra | | |
| Street Address 32 Whitford ST | | | Street Address 32 Whitford ST | | |
| City Countryside | State RI | Zip 02816 | City Countryside | State RI | Zip 02816 |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Charges 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 Anthony Sciarra | | | | | Date 4-20-23 |
| Signature of Officer/Authorized Representative Anthony Sciarra | | | | | |

MAIL TO:
Division of Business Services
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