



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

FILED

MAR 13 2024

BY 2014
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1. Entity ID Number 000029112		2. Exact name of the Corporation PASCOAG HOSE COMPANY No. 1			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social and literary purposes			
4. NAICS Code 813319					
6. Principal Office Address 105 Main St			City Pascoag	State RI	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian Venditelli			Vice-President Name Brian Champagne		
Street Address 11 Kerri Court			Street Address 140 Laurel Hill Ave		
City Hope	State RI	Zip 02831	City Pascoag	State RI	Zip 02859
Secretary Name Thomas Walker, Jr.			Treasurer Name Lorri Astillero		
Street Address 186 Rock Ave			Street Address 62 East Wallum Lake Rd		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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 Scott Woodis			Director Name Kevin Stockwell		
Street Address 9 Hamlet St			Street Address 95 Maple Dr		
City Pascoag	State RI	Zip 02859	City Harrisville	State RI	Zip 02830
Director Name Ashley Boucher			Director Name		
Street Address 340 Donahue Rd			Street Address		
City Pascoag	State RI	Zip 02859	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative T. Walker				Date 3/6/2024	
Signature of Officer/Authorized Representative					

MAIL TO:
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