



State of Rhode Island  
Department of State - Business Services Division

FILED

MAY 10 2024

BY 1008 DS

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.

1. Entity ID Number <u>73766</u>	2. Exact name of the Corporation <u>Johnston Retired Firefighters</u>		
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>Annual Meeting's</u>		
4. NAICS Code <u>83110</u>	City <u>Courteny</u>	State <u>RI</u>	Zip <u>02816</u>
6. Principal Office Address <u>32 Whitford ST</u>			
7. List ALL officers (names and addresses)			
President Name <u>Anthony Sciana</u>		Vice-President Name <u>Thomas Ucci</u>	
Street Address <u>32 Whitford ST</u>		Street Address <u>633 Smithfield RD</u>	
City <u>Courteny</u>	State <u>RI</u>	City <u>North Prov</u>	State <u>RI</u>
Zip <u>02816</u>	Zip <u>02904</u>	Check the box to indicate an attachment <input type="checkbox"/>	
Secretary Name <u>Thomas Ucci</u>		Treasurer Name <u>Anthony Sciana</u>	
Street Address <u>633 Smithfield RD</u>		Street Address <u>32 Whitford ST</u>	
City <u>North Prov</u>	State <u>RI</u>	City <u>Courteny</u>	State <u>RI</u>
Zip <u>02904</u>	Zip <u>02816</u>	Check the box to indicate an attachment <input type="checkbox"/>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors			
Director Name <u>Richard Atchison</u>		Director Name <u>Eugene Dagnault</u>	
Street Address <u>6505 Stone River</u>		Street Address <u>15 Gesmondi</u>	
City <u>Brockton</u>	State <u>Fla</u>	City <u>Johnston</u>	State <u>RI</u>
Zip <u>34203</u>	Zip <u>02919</u>	Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <u>Anthony Sciana</u>		Director Name <u>Anthony Sciana</u>	
Street Address <u>32 Whitford ST</u>		Street Address <u>32 Whitford ST</u>	
City <u>Courteny</u>	State <u>RI</u>	City <u>Courteny</u>	State <u>RI</u>
Zip <u>02816</u>	Zip <u>02816</u>	Check the box to indicate an attachment <input type="checkbox"/>	
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.			Date <u>5-8-24</u>
Name of Officer/Authorized Representative <u>Anthony Sciana</u>			
Signature of Officer/Authorized Representative <u>Anthony Sciana</u>			

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
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