



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 <b>73766</b>	2. Exact name of the Corporation <b>Johnston Retired Firefighters</b>		
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Annual Meetings</b>		
4. NAICS Code <b>83110</b>	Country <b>Country</b>	State <b>RI</b>	Zip <b>02816</b>
6. Principal Office Address <b>32 Whitford ST</b> <input type="checkbox"/> Check the box to indicate an attachment			
7. List ALL officers (names and addresses)			
President Name <b>Anthony Sciana</b>	Vice-President Name <b>Thomas Ucci</b>		
Street Address <b>32 Whitford ST</b>	Street Address <b>633 Smithfield RD</b>		
City <b>Country</b>	City <b>North Pro</b>	State <b>RI</b>	Zip <b>02909</b>
State <b>RI</b>	Zip <b>02816</b>	Treasurer Name <b>Anthony Sciana</b>	
Secretary Name <b>Thomas Ucci</b>	Street Address <b>32 Whitford ST</b>		
Street Address <b>633 Smithfield RD</b>	City <b>Country</b>		
City <b>North Pro</b>	State <b>RI</b>	Zip <b>02909</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <b>Richard Atchison</b>	Director Name <b>Eugene Dagnault</b>		
Street Address <b>6505 Stone River</b>	Street Address <b>15 Gesmondi</b>		
City <b>Brodenton</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
State <b>Fla</b>	Zip <b>34203</b>	Director Name <b>Anthony Sciana</b>	
Director Name	Street Address <b>32 Whitford ST</b>		
Street Address	City <b>Country</b>	State <b>RI</b>	Zip <b>02816</b>
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.

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  
**Anthony Sciana**  
Signature of Officer/Authorized Representative  
**Anthony Sciana**  
Date  
**5-8-24**