RI SOS Filing Number: 202212658400 Date: 3/11/2022 4:00:00 PM



Department of State - Business Services Division

Annual Report for the year: 2022
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.

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1. Entity ID Number		the Corporation	The Defiance Hose	Company L	Jumber One		
26120	Defiance Hose No. 1						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Volunteer Fire Fighting Company & Community Service Company						
4. NAICS Code							
813212 - Voluntary Health Or							
6. Principal Office Address			City	State	Zip		
1124 Hope St	Hope St			RI	02809		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Luis Medeiros			Vice-President Name Julia Vollaro				
Street Address 40 Roma St.			Street Address 77 Beach Rd.				
^{City} Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Zip} 02809		
Secretary Name Paul R. Vollard	Sr. Treasurer Name David Coccio						
Street Address 3 Jefferson Ln.			Street Address 33 Greenway Dr.				
^{City} Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Zip} 02809		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Joseph DaRosa			Director Name David Benevides				
Street Address 35 Opechee Dr.			Street Address 46 Roma St				
City Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Zip} 02809		
Director Name Nelson Luis			Director Name Daniel Cheatom				
Street Address 10 Malden St.			Street Address 22 Sowams Dr.				
City Bristol	State RI	^{Zip} 02809	^{City} Bristol	State RI	^{Zip} 02809		
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				
Paul R. Vollaro Sr.	FILED 03/07/2022						
Signature of Officer/Authorized Representative MAR 11 2022							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov