



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

APR 12 2023
 1092 *or*

- 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 26120		2. Exact name of the Corporation The Defiance Hose Company Number One						
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Volunteer Firefighting Company and Community Service Company						
4. NAICS Code 813212 - Voluntary Health Or <input type="checkbox"/>								
6. Principal Office Address 1124 Hope St.				City Bristol		State R.I.	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name Luis Medeiros				Vice-President Name Julia Vollaro				
Street Address 40 Roma St.				Street Address 77 Beach Rd.				
City Bristol		State R.I.	Zip 02809		City Bristol		State R.I.	Zip 02809
Secretary Name Paul R. Vollaro Sr.				Treasurer Name David Coccio				
Street Address 3 Jefferson Ln.				Street Address 33 Greenway Dr.				
City Bristol		State R.I.	Zip 02809		City Bristol		State R.I.	Zip 02809
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 Joseph daRosa				Director Name David Benevides				
Street Address 35 Opechee Dr.				Street Address 46 Roma St.				
City Bristol		State R.I.	Zip 02809		City Bristol		State R.I.	Zip 02809
Director Name Nelson Luis				Director Name Daniel Cheatom				
Street Address 10 Malden St.				Street Address 22 Sowams Dr.				
City Bristol		State R.I.	Zip 02809		City Bristol		State R.I.	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.								
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>								
Name of Officer/Authorized Representative Paul R. Vollaro Sr.						Date 3/10/23		
Signature of Officer/Authorized Representative <i>Paul R. Vollaro Sr.</i>								