



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year:
Non-Profit Corporation

2024

MAR 13 2024

1141

- 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 000026120		2. Exact name of the Corporation The Defiance Hose Co. No.1			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Volunteer Fire Company in Bristol R.I. 02809			
4. NAICS Code 813212					
6. Principal Office Address 1124 Hope Street		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 02809Pa	City Bristol	State RI	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 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 <input type="checkbox"/>					
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 Matthew White		
Street Address 10 Malden St			Street Address 10 Weetamoe Farm 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.					
<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 Paul R. Vollaro Sr.				Date 3/6/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov