

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.						
1. Corporate ID No.	1 ' '	2. Name of Corporation				
31083		Cranston Permanent Firefighters Relief Association Inc.				
3. State of Incorporation	1 .	dress in Rhode Island - Street 2	Address	City	Zip	
Rhode Island	301 Pontia			Cranston	02910	
5. Foreign corporation. Enter principal office address			City	State	Zip	
S. Brief Description of the cha	aracter of the affairs whic	h are actually conducted in R	hode Island			
• •	- -	sabled members and the				
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPAC	CES BEFORE USING ATT	TACHMENTS	
President Name			Vice President Name			
James Warren			William Morrocco			
Street Address			Street Address			
136 Longview Dr		21 Moss Lane				
City	State	Zip	City	State	Zip	
Cranston	R.I.	02920	Coventry	R.I.	02816	
Secretary Name			Treasurer Name			
Paul Desorcy			Ralph Riccio			
Street Address 240 Sisson Rd			Street Address 35 Blackberry Hill Rd.			
City	State	Zip	City	State	Zip	
- Greene	R.I.	02827	Wakefield	R.I.	02879	
	•	•	ATTACHMENT) FILL IN SPA	•	•	
			ND) CORPORATION SHALL			
Director Name			Director Name			
Joseph Tatro			Todd McGill			
Street Address			Street Address			
715 Hammet Rd.			1 Pine Hollow Rd.			
City	State	Zip	City	State	Zip	
Coventry	R.I.	02816	West Warwick	R.I.	02893	
Director Name			Director Name			
Mark Stevens			John O'Neill			
Street Address			Street Address			
36 Waite Ave.			183 Grace St			
City	State	Zip	City	State	Zip	
Cranston	R.I.	02905	Cranston	R.I.	02910	
9. REGISTERED AGEN	IT IN RHODE ISLA	ND		•	•	
This information is	antly of moond in th	- Office of the Courts	of State Changes assume 51	6E (4) DIG! 7.4	12/7 / 70	
This information is curr	entry of record in the	e Office of the Secretary (of State. Changes require filing o	1 Form 641 - K.I.G.L. 7-6	-13//-6-/8	
This repor	t must be signed by	either the President, Vic	e President, Secretary, Assistar	nt Secretary, Treasurer, R	eceiver or Trustee	

File Date	-en-en-
Check No.	FILED
	JUN 22 2009 700
By:FO	R SPONETARY OF PINTE LIVE ONLY

31083

Under penalty of perjury, I declare and affirm report, including any accompanying schedules statements contained herain are true and correct	and statements, and that all
James Warren	6-19-09
Signature of Officer	Date
∫ James Warren	
Print or Type Name of Officer	
President	

Title of Officer