

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR A COLOR OF Solution of the Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR A COLOR OF SOLUTION OF SOLU

penalty fee of \$25.00.		- , , ,	•		O 217 K SHOJELI 10 H
1. Corporate ID No. 2.750	2. Name of Corporation	FIREMAN	r Relief Ass	0000	
3. State of Incorporation	4. Corporate address in I	Rbode Island - Street Address	W: MART BORDAN	l City	Zip
<u> </u>	NEWPOH	THREMA	PDES HOUSE	NEWPODI	02840
5. Foreign corporation. Enter p	rncipal office address		City	State	Ζίρ
6. Brief Description of the charact	er of the affairs which are ac	tually conducted in Rhode Isl	and	<u> </u>	
TOPROVIDE I	injury de	ATH BENEF	TEN MEMBER	SATHER FA	സ്ഥുള്ള
7. NAMES AND ADDRESS	ES OF THE OFFICERS	: ("X" BOX FOR ATTACH	IMENT) [FILL IN SPACES BI	FORE USING ATTACH	IMENTS
DAVIDP. LEYS			JOHN BEGO		
Street Address 599 WOLCOTT AV.			Street Address 333 GIBBSAV.		
MODDLETOW	State RI	07847	NEWPORT	State	Zip
Secretary Name	HP OHVE	•	Treasurer Name PHILIP	OUVERN	4
Street Address FAIRVIEW AU.			Street Address PAIRVIEAV.		
WIDDLEJOHN	State R.I	02842	WIDDLETOWN	State R.エ	(D)8(1)
8. NAMES AND ADDRESS! THE NUMBER OF DIREC		RS: ("X" BOX FOR ATTAC C (RHODE ISLAND) (CHMENT) FILL IN SPACES BE CORPORATION SHALL NOT B	EFORE USING ATTACI	IMENTS
Director Name	•		Director Name	E LESS THAN THREE	(3). R.I.G.L. 7-6-2;
DAVID P. LEYS Street Address			JOHN BEPP		
599 WOLCOTTAV.			Street Address 333 GIBBSAV.		
MODELETON	R.I	^{रक्}	NEWPORT	State R.J.	D2840
P+	FILIP OLIV	PRIA	Director Name		
Street Address FAIRVIEW AV.			Street Address		
MIDDLETOWN	State R I	24p	City	State	Zip
MATTHEW	RHODE ISLAND	AMERICAS	av Newfort,	' RI OL84	, D
This report my			e. Changes require filing of Form		
This Topost Mo	st be alghed by either t	ise Flesideitt, vice Fles	ident, Secretary, Assistant Secr	etary, Treasurer, Receiv	er or Frustee
		FILED			CO CO
		_ _			A
		NOV 0 9 2009			A
	8	y 157210	Under penalty of periur	y, I declare and affirm the	at Maye examined thi
		1/2/1/2	report, including any acc	companying schedules and	statements, and that a
File Date		X 29-103.	370 statements contained her	P. COTTECT.	11/4/
Check M.			Signature of Officer		Date
Check No.				1万台 下京72	
Ву:		_	Print or Type Name of Off	icer	
FOR SECRETARY OF	STATE USE ONLY		Title of Officer	<u> </u>	