

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

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 penalty fee of \$25.00.	7-6-94, each corporation f	failing or refusing to file its	annual report within the time presc	ribed by law (R.I.G.L. 7-6	-91) is subject to a	
1. Corporate ID No. 27501	2. Name of Corporation NEWPOOT	FIREMAN'S R	ELIFF ASSOC	ATION		
3. State of Incorporation R.T	4. Corporate address in R	hode Island - Street Address AT FIRE DE	W. MARLBOROUGHST:	NEWPORT	D2840	
5. Foreign corporation. Enter pri	ncipal office address		City	State	Zip	
7. NAMES AND ADDRESSE President Name	INJURTA	DEATH BENE	NEMBEQ MENT) ☐ FILL IN SPACES BE Vice Presideni Name	S LTHEIR FA FORE USING ATTACH	NILE MENTS	
DAVID P. LEYS			JOHN BEGG			
	TUCKERM	av av.	Street Address 333 (	Gibesan		
MIDDLETONN	State R.T	2ip	WEWPORT	R.I	02840	
Secretary Name PETER BOIANI			PATRICK OARNET			
NEWPORT FIRE DEPT HOOS.			Street Address COGGESHALL OR.			
NEWPORT 8. NAMES AND ADDRESSE	State R.T.	Zip  D2840 RS: ("X" BOX FOR ATTAC	MIDDLETOWN HMENT) FILL IN SPACES B	R.T EFORE USING ATTACK	O2845 IMENTS	
THE NUMBER OF DIRECT Director Name DAV 1	D P. LEYS		ORPORATION SHALL NOT B Director Name  Joh	E LESS THAN THREE	(3). R.I.G.L. 7-6-23	
368 TUCKERMAN AV			Street Address 333 (LIBBS AV.			
MINDLETOWN	RI	<u>の384</u> ず	NEWBORT	R.I	02840	
PETER BOIANI			PATRICK CARNEY			
Street Address NEWPORT FIRE DEPTHOQS.			11 COBGESHALL CIR.			
NEWPORT 9. REGISTERED AGENT IN MATTHEW H. This information is currently	R.T. RHODE ISLAND  FOR record in the Office	MERICAS CUE of the Secretary of State	M NOLETOWN P AV. NEWPORT C. Changes require filing of Form	R I 02840 1641 - R.I.G.L. 7-6-13/7	O2842 -6-78	
This report mu	st be signed by either	FILED	ident, Secretary, Assistant Secr	etary, Treasurer, Receiv	ver of Trustee	
		MOV A A 2000			•	

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File Date Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all

Signature	of	Officer
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Print or Type Name of Officer

Title of Officer