



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 1992

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. 27501		2. Name of Corporation NEWPORT FIREMAN'S RELIEF ASSOCIATION			
3. State of Incorporation R. I.		4. Corporate address in Rhode Island - Street Address NEWPORT FIRE DEPT. HQS. WEST MALEDOROUGH ST.		City NEWPORT	Zip 02840
5. Foreign corporation. Enter principal office address				City ST.	State R.I.
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE INJURY & DEATH BENEFITS TO MEMBERS & THEIR FAMILIES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID P. LEYS			Vice President Name JOHN BEGG		
Street Address 268 TUCKERMAN AV.			Street Address 333 GIBBS AV.		
City MIDDLETOWN	State R.I.	Zip 02842	City NEWPORT	State R.I.	Zip 02840
Secretary Name PETER BOIANI			Treasurer Name PATRICK CARNET		
Street Address % FIRE DEPT. HQS.			Street Address 11 COGGESHALL CIR.		
City NEWPORT	State R.I.	Zip 02840	City MIDDLETOWN	State R.I.	Zip 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name DAVID P. LEYS			Director Name JOHN BEGG		
Street Address 268 TUCKERMAN AV.			Street Address 333 GIBBS AV.		
City MIDDLETOWN	State R.I.	Zip 02842	City NEWPORT	State R.I.	Zip 02840
Director Name PETER BOIANI			Director Name PATRICK CARNET		
Street Address % NEWPORT FIRE DEPT. HQS.			Street Address 11 COGGESHALL AV.		
City NEWPORT	State R.I.	Zip 02840	City MIDDLETOWN	State R.I.	Zip 02842
9. REGISTERED AGENT IN RHODE ISLAND MATTHEW H. LEYS 31 AMERICA CUP AV. NEWPORT, R.I. 02840					

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

NOV 09 2009

By **[Signature]**

29-103370

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.

[Signature]
Signature of Officer
DAVID P. LEYS

11/5/09
Date

Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date _____
Check No. _____
By: _____
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