STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
29340	**The Pawtucket Firemen's Relief Association**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **Death Benefit**

5. Principal office address	City	State	Zip
155 Roosevelt Ave	**Pawtucket**	**RI**	**02860**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Raymond J Masse, Jr	**Patrick Gildea**
Street Address **5 Diana Dr**	Street Address **29 Lincoln St**
City / State / Zip **Pawtucket / RI / 02861**	City / State / Zip **Smithfield / RI / 02917**
Secretary Name **Steven Parent**	Treasurer Name **Mark Dunn**
Street Address **1356 Woonsocket Hill Rd**	Street Address **97 Foster Center Rd**
City / State / Zip **N. Smithfield / RI / 02896**	City / State / Zip **Foster / RI / 02898**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

RECEIVED
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SECRETARY OF STATE
CORPORATIONS DIV

File Date _____
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By: _____
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FILED
JUN 18 2012
BY 12172895

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.

N Masse — **06/13/2012**
Signature of Officer — Date

Raymond J Masse, Jr
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012
79448-1-761544