



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

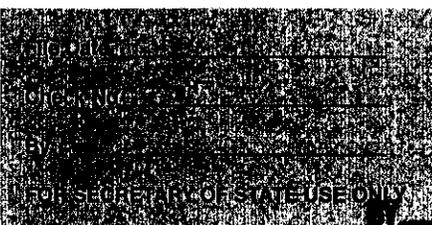
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. 28698		2. Exact name of the Corporation The Providence Retired Police & Firefighters Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Retirement benefits for retired Providence Police and Firefighters and their widows			
5. Principal office address 92 Printery Street			City Providence	State RI	Zip 02904
President Name Robert Jarvis			Vice-President Name Manuel Andrews		
Street Address 92 Printery Street			Street Address 92 Printery Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name William Thurber			Treasurer Name Donald Barkley		
Street Address 92 Printery Street			Street Address 92 Printery Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS FOR RECORD ATTACHMENT. <input type="checkbox"/>					
Director Name Kerry O'Mara			Director Name Tom O'Mara		
Street Address 92 Printery Street			Street Address 92 Printery Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name William Channello			Director Name Richard DiCicco		
Street Address 92 Printery Street			Street Address 92 Printery Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
REGISTERED OFFICE 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



FILED

JUN 26 2013

0252

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.

Robert Jarvis 5/17/13
 Signature of Officer Date

Robert Jarvis
 Print or Type Name of Officer

President
 Title of Officer