



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. 53651		2. Exact name of the Corporation Central Falls Firefighters Local 1485, IAFC, AFL-CIO			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Official Union Affairs			
5. Principal office address 150 Illinois St.			City Central Falls	State RI	Zip 02863
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mike Andrews			Vice-President Name Sean Gaughan		
Street Address 150 Illinois St.			Street Address 150 Illinois St.		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Jean Marc La Roche			Treasurer Name Daniel Petrin		
Street Address 150 Illinois St.			Street Address 150 Illinois St.		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sean Gaughan			Director Name John Garvey		
Street Address 150 Illinois St.			Street Address 150 Illinois St.		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Paul Chalmers			Director Name		
Street Address 150 Illinois St.			Street Address		
City Central Falls	State RI	Zip 02863	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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

OCT 08 2013

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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

7/12/13
 Date

Daniel Petrin
 Print or Type Name of Officer

Treasurer
 Title of Officer