

Revised: 04/2014

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

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 Corneration	
I. Littly ID 140.	Z. Exact Harrie Of	me Corporation	
73766	Joh	noton	Retired Firefighter's
3. State of Incorporation	4. Brief description	on of the character o	of business conducted in Rhode Island
RI	Retire	& Tire	fighter Meeting's
5. Principal office address	m Pi	he	City greenville State 210 02828
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name	Sciar	ia	Vice-President Name Vice-President Name Vice-President Name Vice-President Name
Street Address Putn	um f	Le Le	Street Address Smithfield RD
City Greenville	State 1	07828 07828	City No Prov State 2 Zip 02904
Secretary Name	. 10		Treasurer Name
Street Address	س ار		Street Address
633 Smilh	field	RD	720 Puthum Pake
No Prov	State L	2ip 02404	City remarks State 210 02828
7, LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND COMPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)			
Director Name Kichard aitchison			Director Name H Dargneaule
Street Address 6505 Stone	2 River	RD #101	A
Brodinton	State	Zip 34203	City Johnston State Zip Day q
Director Name			Circlory D Sciana
Street Address	-		Street Address Putnum Pule
City	State	Zip	City freenable State Zip 202828
8. REGISTERED AGENT IN RHO			
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, duly Authorized Representative, Receiver or Trustee			
MAY 1 4 2014 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
File Date		- 100	and that all statements contained herein are true and correct.
Check No	В	<u> </u>	Thinkson D Science 15/12/14
By:	1 2 2 5	, •	Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY			
		Reg Agent	t > Authory D Sciarna Print or Type Name of Officer or Authorized Representative
Form No. 631		J , 71	Print or Type Name of Officer or Authorized Representative