~ 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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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 10 No.	2. Exact name of the Corporation
697841	Warwick FireFighters Retirees Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	A non-profit association of retired firefighters which meet for social, educational, informational purposes and for the good of our members.

5. Principal office address	City	State	
750 Warwick Ave.	Warwick	RI	Uf2888

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

President Name	Vice-President Name
Frederick Siaiger	Joseph Evangelista
Street Address	Street Address
103 Southwinds Dr.	133 Rome Ave.
City / State / Zip: South Kingstown / RI / 02879	City / State / Zip: Warwick / RI / 02886
Secretary Name	Treasurer Name
Edward Johnston	Frederick Taute
Street Address	Street Address
70 Blueberry Ln.	70 Grovedale St.
City / State / Zip: Scituate / RI / 02857	City / State / Zip: Warwick / RI / 02888

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

Director Name	Director Name
Frederick Siaiger	Joseph Evangelista
Street Address	Street Address
103 Southwinds Dr.	133 Rome Ave.
City / State / Zip: South Kinstown / RI / 02879	City / State / Zip: Warwick / RI / 02886
Director Name	Director Name
Edward Johnstom	
Street Address	Street Address
70 Blueberry Ln.	
City / State / Zip: Scituate / RI / 02879	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. duly Authorized Representative, Receiver or Trustee

FILED

NOV 25 2014

File Date _____

Check No _____

By: _____ BY

FOR SECRETARY OF STATE USE ONLY

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 of Officer or Authorized Representative — Date: Nov. 22, 2014

Frederick Taute, Treasurer

Print or Type Name of Officer or Authorized Representative

Form No. 631

Revised: 04 2014