



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000027594

2. Name of Corporation NEWPORT FIREFIGHTERS' PENSION ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 21 WEST MARLBOROUGH STREET

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

BENEVOLENT AFFAIRS OF THE MEMBERSHIP AND THE COMMUNITY OF NEWPORT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PETER SILVERIA	21 W. MARLBOROUGH NEWPORT, RI 02842 USA
SECRETARY	THOMAS WELCH	21 W. MARLBOROUGH NEWPORT, RI 02842 USA
VICE PRESIDENT	CHRISTOPHER COSTELLO	21 W. MARLBOROUGH

		NEWPORT, RI 02840 USA
PRESIDENT	THOMAS SHUGART	21 W. MARLBOROUGH NEWPORT, RI 02842 USA
DIRECTOR	ROBERT HENRY	21 W. MARLBOROUGH NEWPORT, RI 02840 USA
DIRECTOR	TOM DUGAN	21 WEST MARLBOROUGH ST NEWPORT, RI 02840 USA
DIRECTOR	HUMPHREY J DONNELLY IV	21 WEST MARLBOROUGH ST NEWPORT, RI 02840 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

THOMAS E. SHUGART, JR. DEPARTMENT HEADQUARTERS 21 WEST MARLBOROUGH STREET
NEWPORT , RI 02840

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of May, 2015 at 1:17:36 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By PETER SILVERIA
Signature of Authorized Person

Form No. 631
Revised 09/07