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

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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 of Officer or Authorized Representative

Date _____

Thomas Walden
Print or Type Name of Officer or Authorized Representative

Firefighters Memorial Hall

PROVIDENCE FIRE FIGHTERS REALTY CORPORATION
90-92 Printery Street
Providence, Rhode Island 02904
(401) 272-1570



PROVIDENCE FIREFIGHTERS REALTY CORPORATION

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Treasurer	Patrick Burke 90-92 Printery Street Providence, RI 02904
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