



**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. 000027501

2. Name of Corporation The Newport Firemen's Relief Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 86
THAMES ST OFFICE
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

TO PROVIDE INJURY DEATH BENEFITS TO MEMBERS AND THEIR FAMILIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	DAVID P LEYS	599 WOLCOTT AVENUE MIDDLETOWN, RI 02842 USA
TREASURER	PHILIP J OLIVEIRA	19 HILLTOP AVE. MIDDLETOWN, RI 02842 USA

SECRETARY	PAUL W. GAGNE	1 NARRAGANSETT AVE NEWPORT, RI 02840 USA
VICE PRESIDENT	JOHN BEGG	77 CATHERINE ST. NEWPORT, RI 02840 USA
DIRECTOR	THOMAS DUGAN	CONNECTION ST NEWPORT, RI 02840 USA
DIRECTOR	PAUL W. GAGNE	1 NARRAGANSETT AVE. NEWPORT, RI 02840 USA
DIRECTOR	GEORGE L PENNACHI	3244 OWASSA CT KISSIMMEE, FL 34746 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**

MATTHEW H. LEYS 31 AMERICAS CUP AVENUE 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 July, 2015 at 9:03:51 AM 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 PHILIP J. OLIVEIRA
Signature of Authorized Person

Form No. 631
Revised 09/07

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