



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 2015

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. 000099956		2. Exact name of the Corporation Providence Fire Department Safety & Survival Foundation, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To sponsor and/or assist with organizing conferences, seminars, and training, to benefit area firefighters.			
5. Principal office address 23 Leonard Avenue		City East Providence	State RI	Zip 02914	
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark Guisti		Vice-President Name			
Street Address 23 Leonard Avenue		Street Address			
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name		Treasurer Name Paul Thomas			
Street Address		Street Address 27 Pheasant Hill Lane			
City	State	Zip	City Cranston	State RI	Zip 02921
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Pat O'Connor		Director Name James Mirza			
Street Address 266 Fruit Hill Avenue		Street Address 81 Whitford Street			
City North Providence	State RI	Zip 02911	City Wakefield	State RI	Zip 02879
Director Name Paul Doughty		Director Name			
Street Address 78 Brinton Avenue		Street Address			
City Warwick	State RI	Zip 02886	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

File Date _____

Check No _____

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

Print or Type Name of Officer or Authorized Representative

FILED

FEB 11 2016

By

267429
A.A. 1:38 p.m.

PAUL THOMAS TREASURER

2-11-2016