



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 ALL 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 ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST 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.					

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
FEB 11 PM 1:36

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.

FILED

FEB 11 2016

Signature of Officer or Authorized Representative Date **2-11-2016**

PAUL THOMAS TREASURER
Print or Type Name of Officer or Authorized Representative

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