

3. State of Incorporation

Revised: 04/2014

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

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.

Exact name of the Comoration West Warwick Hetired Police & Firefighters Association, Inc.

4-Brief description of the character of business conducted in Phode Island
Protecting the pensions of retired police and firefighters

RI		• •	-	•		
5 Principal office address 4 Laura Court			City	State Ri	⁷⁰ 02816	
6. LIST ALL OFFICERS (NAMES AND ADDI	RESSES) ("X" BOX FO	R ATTACHMENT)	1		
President Name Norman Landroche	, Jr.		Vice-President Name Timothy Poulin			
Street Address 88 Silverwood Lane			Street Address 670 Laten Knight Road			
City West Warwick	State Ri	Zip 02893	City Cranston	State Ri	^{Zip} 02921	
Secretary Name David Perry, Jr.			Treasurer Name Richard Ramsey			
Street Address 4 Laura Court			Street Address 74 Dawes St.			
City Coventry	State RI	Zip 02816	City West Warwick	State RI	Zlp 02893	
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTAC		ORESSES). RHODE ISL	AND CORPORATIONS MUST I	JST NO LESS THAN	THREE (3) DIRECTORS	
Director Name Freddy Araujo			Director Name Peter Brousseau			
Street Address P.O. Box 18			Street Address 128 Surrey Lane			
City Fiakeville	State Ri	Z _p 02823	City West Warwick	State RI	Zp 02893	
Director Name Russell Ouellette			Director Name Gregory Johnson			
Street Address 73 Prospect Hill Ave	L	· · · · · · · · · · · · · · · · · · ·	Street Address 7 Guertin St.			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
REGISTERED AGENT	IN RHODE ISLAND					
his information is curre	ntly of record in th	e Office of the Secretar	ry of State. Changes require fili	ng Form 641.		
his report must be signed ir Trustiee	by either the Presid	ent, Vice-President, Sec	retary, Assistant Secretary, Treas	urer, duly Authorized	Representative, Receiver	
File Date FILED			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.			
Check No		LLD	and that all substitutes	P. J. D. L.		
Ву:		IUN 1 3 2016	Signature of Officer or Au	thorized Representati	<u>6/8/J0/</u> tve Date	
FOR SECRETARY OF S	TATE USE ONLY	1092	Norman Landroch	· / /	Dur	
Form No. 631				Print or Type Name of Officer or Authorized Representative		