RI SOS Filing Number: 201601183220 Date: 06/29/2016 5:47 PM

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: 2016

1. Corporate ID No. 000066558

2. Name of Corporation NORTH PROVIDENCE FIREFIGHTERS ATHLETIC ASSOCIATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 27 PINEWOOD AVENUE
City or Town: JOHNSTON State: RI Zip: 02919 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 ATHLETIC TEAMS, ATHLETIC PROGRAMS & ATHLETIC ACTIVITIES FOR THE MEMBERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ANTHONY S RAMPONE JR	27 PINEWOOD AVENUE JOHNSTON, RI 02919 USA
TREASURER	STEVEN CHECRALLA	182 GOULD AVENUE

0-6380-0

		WARWICK, RI 02888 USA
SECRETARY	EVAN CHARELLO	34 ARROW LANE NORTH KINGSTON, RI 02852 USA
DIRECTOR	MARC RIZZO	P.O. BOX 15 HARMONY, RI 02829 USA
DIRECTOR	JAMES DAMICO	121 SHERMAN AVENUE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	PAUL KIRCHNER	60 MAIN STREET, PO BOX 139 HOPE, RI 02831 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

ANTHONY RAMPONE, JR. 27 PINEWOOD AVENUE JOHNSTON , RI 02919

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

Signed this 29 Day of June, 2016 at 5:50:12 PM 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 ANTHONY S RAMPONE JR
Signature of Authorized Person

Form No. 631
Revised 09/07