



**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. 000783754

2. Name of Corporation PAWTUCKET PUBLIC SAFETY RETIREES ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 104 GROVE AVE

City or Town: WARWICK

State: RI

Zip: 02889

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 INFORM RETIRED MEMBERS OF CURRENT AFFAIRS THAT PERTAIN TO THEIR
WELLBEING AS IT PERTAINS TO THEIR CURRENT PENSION BENEFITS AND RELATED
ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JEREMIAH OCONNOR	43 SANDTRAP LANE SEEKONK, MA 02771 USA
TREASURER	ALAN JACK	9 GERRY DR

		SEEKONK, MA 02771 USA
SECRETARY	LINDA STAFFORD DENELLE	104 GROVE AVE WARWICK, RI 02889 USA
VICE PRESIDENT	MICHAEL CRAWLEY	3 APACHE LANE CUMBERLAND, RI 02864 USA
DIRECTOR	MICHAEL CRAWLEY	3 APACHE LANE CUMBERLAND, RI 02864 USA
DIRECTOR	JEREMIAH OCONNOR	43 SANDTRAP LANE SEEKONK, MA 02771 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

LINDA STAFFORD DENELLE 104 GROVE AVENUE WARWICK , RI 02889

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

Signed this 8 Day of July, 2016 at 2:54:22 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 LINDA STAFFORD DENELLE
Signature of Authorized Person

Form No. 631
Revised 09/07