RI SOS Filing Number: 201608973680 Date: 09/18/2016 9:26 AM

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. 000027897

2. Name of Corporation North Providence Permanent Firefighters Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 111 BISHOP HILL ROAD
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

CHIEF BARGAINING AGENT FOR ITS MEMBERSHIP.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOHN LAURIE	8 IRONS AVE JOHNSTON, RI 02919 USA
TREASURER	JAY T. PETRILLO	111 BISHOP HILL RD JOHNSTON, RI 02919 USA
SECRETARY	SCOTT CORIO	24 VILLAGE WAY

0-9754-0

		NO. SMITHFIELD, RI 02924 USA
DIRECTOR	PAUL SILVESTRI	19A WATERVIEW DR SMITHFIELD, RI 02911 USA
DIRECTOR	DAN USENIA	19 CUSHING NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JASON HENDRICKSON	24 KNOTTY OAK SHORE COVENTRY, RI 02920 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

JAY T. PETRILLO 111 BISHOP HILL ROAD 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 18 Day of September, 2016 at 9:28:03 AM 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 JAY T PETRILLO
Signature of Authorized Person

Form No. 631
Revised 09/07