



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>28698</b>		2. Exact name of the Corporation <b>The Providence Retired Police Fire Association Inc</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Retirement benefits for retired Police Firefighters &amp; their widows.</b>	
4. NAICS Code <b>81</b>			
6. Principal Office Address <b>92 Printery St.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Thomas Johnston</b>		Vice-President Name <b>Fred Butler</b>	
Street Address <b>92 Printery St.</b>		Street Address <b>92 Printery St.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name <b>Thomas Kenny</b>		Treasurer Name <b>Joe Murphy</b>	
Street Address <b>92 Printery St.</b>		Street Address <b>92 Printery St.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Richard DiCiccio</b>		Director Name <b>Susan Quetta</b>	
Street Address <b>92 Printery St.</b>		Street Address <b>92 Printery St.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Director Name <b>George Kaine</b>		Director Name <b>George Sullivan</b>	
Street Address <b>92 Printery St.</b>		Street Address <b>92 Printery St.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Thomas Johnston/President</b>			Date <b>5/25/2017</b>
Signature of Officer/Authorized Representative <i>Thomas Johnston</i>			

**FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAY 30 2017

BY *OSR*

FORM 631 - Revised: 05/2017