



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 000027501		2. Exact name of the Corporation The Newport Firemen's Relief Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide injury/death benefit to members and their families			
4. NAICS Code 624230 - Emergency and Otl					
6. Principal Office Address PO Box 86 - Thames St. Station			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David P Leys			Vice-President Name John Begg		
Street Address 599 Wolcott Ave			Street Address 77 Catherine St.		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Secretary Name Philip J Oliveira			Treasurer Name Philip J Oliveira		
Street Address 19 Hilltop Ave			Street Address 19 Hilltop Ave		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Thomas Dugan			Director Name Paul W. Gagne		
Street Address 79 Connection St.			Street Address 1 Narragansett Ave.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Francis D Egan			Director Name		
Street Address 14 Hunter Ave.			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Philip J Oliveira				Date 10 Jun 2017	
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

FILED