STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.
Filing Fee: $20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation
1658241	Cranston Firefighters Local 1363
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Representation of Local Firefighters and all related lawful business thereto.

5. Principal office address	City	State	Zip
63 Chambly Avenue	Warwick	RI	02888

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Paul Valletta Jr.	63 Chambly Avenue	Warwick	RI	02921

Vice-President Name	Street Address	City	State	Zip
Kenneth J Rouleau	66 Nelson Road	Cranston	RI	02921

Secretary Name	Street Address	City	State	Zip
Scott Robinson	9 West Blue Ridge	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Kenneth J. Rouleau	66 Nelson Road	Cranston	RI	02921

Director Name	Street Address	City	State	Zip
Paul Valletta Jr	63 Chambly Avenue	Warwick	RI	02888

Director Name	Street Address	City	State	Zip
Scott Robinson	9 West Blue Ridge	Cranston	RI	02921

Director Name	Street Address	City	State	Zip

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 28 2017
BY 24234

Form No. 631
Revised: 04/2014

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.

Paul L. Valletta Jr. 7/27/17
Signature of Officer or Authorized Representative — Date

Paul L. Valletta Jr.
Print or Type Name of Officer or Authorized Representative