RI SOS Filing Number: 201864705690 Date: 5/11/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation

2018

- → 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	2. Exact name of the Corporation					
000790059	Association of Retired Woonsocket Firefighters					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Protect and preserve the rights and benefits of the retired Woonsocket Firefighters.					
4. NAICS Code						
813920 - Professional Organiza						
6. Principal Office Address			City	State	Zip	
PO Box 3481			Woonsocket	RI	02895	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Rene R. Menard			Vice-President Name Affred J. Falcioni			
Street Address 156 Central Street			Street Address 34 Denby Street			
City Manville	State RI	Zip 02838	City Woonsocket	State RI	Zip 02895	
Secretary Name Michael A. Richardson			Treasurer Name Thomas F. Wil;liams			
Street Address 417 Elder Ballou Road			Street Address 221 Bernice Avenue			
City Woonsocket	State RI	<sup>Zip</sup> 02895	City Woonsocket	State RI	<sup>Zip</sup> 02895	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Steven Preston			Director Name Paul Gosselin			
Street Address 1 Mayfield Street			Street Address 8 Oaklawn Road			
City Smithfield	State RI	Zip 02828	City North Smithfield	State RI	<sup>Zip</sup> 02896	
Director Name Michael H. Crepeau			Director Name John Stefanik			
Street Address 668 Woonsocket Hill Road			Street Address 4 Rennie Drive			
City North Smithfield	State RI	<sup>Zip</sup> 02896	City Blackstone	State MA	<sup>Zip</sup> 01504	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date	Date	
Thomas F. Williams				5/9/2018		
Signature of Officer/Authorized Representative						
Thomb & Williams FILEU OV						

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 1 1 2018

BY 663

FORM 631 - Revised: 11/2017

## **Non- Profit Corporation Annual Report For The Year 2018**

## **Association of Retired Woonsocket Firefighters**

Entity ID No. 000790059

**Directors List Continued:** 

**Rose Zariczny** 

**216 Grand Street** 

Woonsocket, RI 02895