



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

Annual Report for the year: 2018  
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>57495</b>		2. Exact name of the Corporation <b>The East Providence Police + Fire Retirees Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide benefits for East Providence Police + Fire Retirees</b>			
4. NAICS Code <b>829960thrm</b>					
6. Principal Office Address <b>58A East Killingly Road</b>			City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>John C. NEALE</b>		Vice-President Name <b>VACANT</b>			
Street Address <b>58A East Killingly Road</b>		Street Address			
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City	State	Zip
Secretary Name <b>to be appointed by Exec. Board</b>		Treasurer Name <b>Joseph A. Quireman</b>			
Street Address		Street Address <b>202 North Shore Blvd.</b>			
City	State	Zip	City <b>East Sandwich</b>	State <b>MA</b>	Zip <b>02537</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Frank G. Wyrostek</b>		Director Name <b>Jack J. Salunigio</b>			
Street Address <b>30 Tec Jay Drive</b>		Street Address <b>26485 Hampart Blvd. Unit D4</b>			
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Punta Gorda</b>	State <b>FL</b>	Zip <b>33983</b>
Director Name <b>Joseph G. Castro</b>		Director Name			
Street Address <b>10 Hunters Run</b>		Street Address			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	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. <b>yes</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.					
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 <b>John C. NEALE - President</b>				Date <b>6/4/18</b>	
Signature of Officer/Authorized Representative <i>John C. Neale</i>				<b>FILED 6/4/18</b>	

JUN 07 2018

BY 1270 DS