

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year:
Non-Profit Corporation2018

→ 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 000506697		2. Exact name of the Corporation CENTRAL FALLS FIREFIGHTERS RETIRES ASSOCIATION, INC	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NONPROFIT ASSOCIATION TO ASSIST IT'S MEMBERS RELATING TO RETIREMENT BENEFITS.	
4. NAICS Code 813910			
6. Principal Office Address 56 BROOK ST		City BARRINGTON	State RI
		Zip 02806	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DONALD CARDIN		Vice-President Name PAUL GRENON	
Street Address 56 BROOK ST		Street Address 3740 DIAMOND HILL ROAD	
City BARRINGTON	State RI	City CUMBERLAND	State RI
Zip 02806		Zip 02864	
Secretary Name GERARD DION		Treasurer Name DAVID BROUSSEAU	
Street Address 7 CANDIDA CT		Street Address 45 WATERMAN ST	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
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 DONALD CARDIN (PRES)		Director Name PAUL GRENON (VICE PRES)	
Street Address 56 BROOK ST		Street Address 3740 DIAMOND HILL ROAD	
City BARRINGTON	State RI	City CUMBERLAND	State RI
Zip 02806		Zip 02864	
Director Name GERARD DION (SECC)		Director Name DAVID BROUSSEAU (TREAS)	
Street Address 7 CANDIDA CT		Street Address 45 WATERMAN ST	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
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 DAVID BROUSSEAU TREASURER			Date
Signature of Officer/Authorized Representative <i>David Brousseau</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 11 2018

BY

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FORM 631 - Revised: 11/2017