

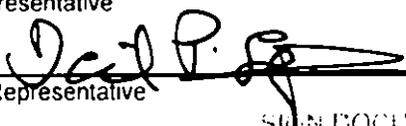


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 <b>000027501</b>		2. Exact name of the Corporation <b>The Newport Firemen's Relief Association</b>			
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 family			
4. NAICS Code 624230 - Emergency and Other <input type="checkbox"/>					
6. Principal Office Address PO Box 86 - Newport Station		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David P. Leys</b>		Vice-President Name <b>John Begg</b>			
Street Address <b>599 Wolcott Ave.</b>		Street Address <b>77 Catherine St.</b>			
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name		Treasurer Name <b>Philip J. Oliveira</b>			
Street Address		Street Address <b>19 Hilltop Ave.</b>			
City	State	Zip	City <b>Middletown</b>	State <b>ri</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Paul W. Gagne</b>		Director Name <b>David Egan</b>			
Street Address <b>1 Narragansett Ave.</b>		Street Address <b>14 Hunter Ave</b>			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>Tom Dugan</b>		Director Name			
Street Address <b>79 Connection St.</b>		Street Address			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</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>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.</b>					
<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 <b>David P. Leys - President</b>				Date <b>14 Jun 2018</b>	
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**JUN 21 2018**  
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