



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 000053651		2. Exact name of the Corporation Central Falls Fire Fighters Local #1485 IAFF	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island AFL-CIO Non profit 40 member union	
4. NAICS Code 813930			
6. Principal Office Address 150 Illinois St.		City Central Falls	State RI Zip 02863
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Mike Andrews		Vice-President Name Paul Chalmers	
Street Address 17 Lincoln Meadows Dr		Street Address 7 Loring Dr	
City Lincoln	State RI Zip 02865	City Lincoln	State RI Zip 02865
Secretary Name Daniel Petrin		Treasurer Name Daniel Petrin	
Street Address 50 Norman St.		Street Address 50 Norman St.	
City Cumberland	State RI Zip 02864	City Cumberland	State RI Zip 02864
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 Mike Grenya (E-Board)		Director Name Ken Gamache	
Street Address 150 Illinois St.		Street Address 150 Illinois St.	
City Central Falls	State RI Zip 02863	City Central Falls	State RI Zip 02863
Director Name Sam Dymman		Director Name	
Street Address 150 Illinois St.		Street Address	
City Central Falls	State RI Zip 02863	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 Daniel R. Petrin		Date 8/15/18	
Signature of Officer/Authorized Representative (Daniel R. Petrin)		SIGN DOCUMENT HERE	

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

FILED

AUG 17 2018

BY

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FORM 631 - Revised: 11/2017