



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

**FILED**  
 AUG 17 2018 *02*  
 BY 5353