RI SOS Filing Number: 201989893430 Date: 4/4/2019 11:52:00 AM



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.

Entity ID Number	2. Exact name of the Corporation						
73766	Johnston Retired tuefialler						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
<u> </u>	Retind Finefighters						
4. NAICS Code	1 0 m 3 m						
831110	unnual "lecting's						
6. Principal Office Address	-		Covendry	State	Zip		
	111 101			Rul	09816		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name  Conthony D Sciana			Vice President Name Vice President Name Vice President Name				
Street Address Willford ST			Street Address Smithfield RD				
city arentry	State Q D	21860 asi	CITY North Prov	State Q L	2182904		
Secretary Name  Local			Treasurer Name Conthony D Scious				
Street Address Southfuld RO			Street Address hilland ST				
City North Prov	State 72	Zip 02904	City Coverday	State D	91860 <sub>aiz</sub>		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Lichard Outchson			Director Name Eugene H Daigneoult				
Street Address Stone River			Street Address DR				
CityBradenton	State Florida	Zip 34203	City Johnston	State Q J	Zip 03919		
Director Name			Orostor Name Orostor Orostor O				
			Street Address While St				
City	State	Zip	City Country	State Q D	Zip 02816		

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

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State Changes require filing Form 641.

Name of Officer/Authorized Representative

N+KON4 D SCIARRA 4-2-19

Signature of Officer/Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 04 2019 11:52

FORM 631 - Revised: 11/2017