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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division - 1 mail

Annual Report for the year: **Non-Profit Corporation** 

FILED

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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| A. Carrello Marchae  | 0.5  | i dha Cannandian            |  |                        |                      |
|--|--|-----------------------------|--|------------------------|----------------------|
| 1. Entity ID Number 000790059  | 2. Exact name of the Corporation  Association of Retired Woonsocket Firefighters |                             |  |                        |                      |
| 3. State of Incorporation  | 5. Brief description of the character of business conducted in Rhode Island      |                             |  |                        |                      |
| Rhode Island   | Protect and preserve the rights and benefits of the Woonsocket Firefighters      |                             |  |                        |                      |
| 4. NAICS Code  |  |                             |  |                        | į                    |
| 813920 - Professional Org  |  |                             |  | • 1                    | :                    |
| 6. Principal Office Address  | el Office Address  |                             |  | State                  | Zip                  |
| PO Box 3481  |  |                             | Woonsocket                                   | RI                     | 02895                |
| 7. List ALL officers (names and add  | iresses)   |                             |  | Check the box to indic | ate an attachment    |
| President Name Rene R. Menard  |  |                             | Vice-President Name Alfred J. Falcioni       |                        |                      |
| Street Address 156 Central Street  |  |                             | Street Address 34 Denby Street               |                        |                      |
| City Manville  | State RI   | <sup>Zıp</sup> 02838        | City Woonsocket                              | State RI               | Zip 02895            |
| Secretary Name Michael A. Richardson   |  |                             | Treasurer Name Thomas F. Williams            |                        |                      |
| Street Address 417 Elder Ballou-RoadA 32103 20 155   |  |                             | Street Address 221 Bernice Avenue! 67 19 7 1 |                        |                      |
| City Woonsocket  | State RI   | Zip 02895                   | <sup>City</sup> Woonsocket                   | State RI               | Zip 02895            |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment  |  |                             |  |                        |                      |
| Director Name Steven Reilly  |  | • • •                       | 'Director Name Paul Gosselín                 |                        |                      |
| Street Address 1175 Diamond Hill Road #404   |  |                             | Street Address 8 Oaklawn Road                |                        |                      |
| City Woonsocket  | State RI   | <sup>Zip</sup> 02895        | City North Smithfiels                        | State RI               | <sup>Zip</sup> 02896 |
| Director Name Michael H. Crepeau   |  |                             | Director Name John Stefanik                  |                        |                      |
| Street Address 668 Woonsocket Hill Road  |  |                             | Street Address 4 Rennie Drive                |                        |                      |
| City North Smithfield  | State RI   | <sup>Zip</sup> <b>02896</b> | <sup>City</sup> Blackstone                   | State MA               | <sup>Zip</sup> 01504 |
| 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 declar<br>statements, and that all statemen  |  |                             |  | companying schedu      | lles and             |
| 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  Thomas F. Williams  |  |                             |  | Date 5/13/2019         |                      |
| Signature of Officer/Anthorized Representative  I MEN TO THERE  TO EAST OR  TO |  |                             |  |                        |                      |

WAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

## **Non- Profit Corporation Annual Report For The Year 2019**

## **Association of Retired Woonsocket Firefighters**

Entity ID No. 000790059

**Directors List Continued:** 

**Rose Zariczny** 

216 Grand Street

Woonsocket, RI 02895