



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

Annual Report for the year: 2019
 Non-Profit Corporation

FILED

JUN 07 2019

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BY 447

- 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 000506697		2. Exact name of the Corporation CENTRAL FALLS FIREFIGHTERS RETIRES ASSOCIATION, INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON PROFIT ASSOCIATION TO ASSIST ITS MEMBERS RELATING TO RETIREMENT BENEFITS	
4. NAICS Code 813910			
6. Principal Office Address 56 Brook St		City Barrington	State RJ
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DONALD CARDIN		Vice-President Name PAUL GRENON	
Street Address 56 BROOK ST.		Street Address 3740 DIAMOND HILL ROAD	
City BARRINGTON	State RI	Zip 02806	City CUMBERLAND
			State RI
			Zip 02864
Secretary Name GERARD DION		Treasurer Name DAVID BROUSSEAU	
Street Address 7 CANDIDA CT.		Street Address 45 WATERMAN ST.	
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND
			State RI
			Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name GERARD DION		Director Name PAUL GRENON	
Street Address 7 CANDIDA CT.		Street Address 3740 DIAMOND HILL ROAD	
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND
			State RI
			Zip 02864
Director Name DONALD CARDIN		Director Name DAVID BROUSSEAU	
Street Address 56 BROOK ST.		Street Address 45 WATERMAN ST.	
City BARRINGTON	State RI	Zip 02806	City CUMBERLAND
			State RI
			Zip 02864
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 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative DAVID BROUSSEAU TREASURER			Date 6-3-2019
Signature of Officer/Authorized Representative <i>David Brousseau</i>			