RI SOS Filing Number: 201904734930 Date: 7/15/2019 4:00:00 PM

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

Annual Report for the year: 2019
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.

FILED
JUL 15 2019
BY 699

1. Entity ID Number	2. Exact name of the Corporation
000027501	The Newport Firemen's Relief Association
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide injury/death benefit to members or their families
4. NAICS Code: 624230 - Emergency and Otl	

6. Principal Office Address	City	State	Zip
PO Box 86 - Thames St. Station	Newport	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David P. Leys			Vice-President Name: John Begg		
Street Address: 599 Wolcott Ave			Street Address: 77 Catherine St.		
City: Middletown	State: RI	Zip: 02842	City: Newport	State: RI	Zip: 02840
Secretary Name: Philip Oliveira			Treasurer Name: Philip Oliveira		
Street Address: 19 Hilltop Ave			Street Address: 19 Hilltop Ave		
City: Middletown	State: RI	Zip: 02842	City: Middletown	State: RI	Zip: 02842

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: David Egan			Director Name: Thomas Dugan		
Street Address: 14 HUnter Ave			Street Address: 79 Connection St.		
City: Newport	State: RI	Zip: 02840	City: Newport	State: RI	Zip: 02840
Director Name: Paul Gagne			Director Name:		
Street Address: 1 Narragansett Ave			Street Address:		
City: Newport	State: RI	Zip: 02840	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.

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

Name of Officer/Authorized Representative	Date
Philip J Oliveira	5 July 2019

Signature of Officer/Authorized Representative
SIGN YOUR FULL NAME 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

FORM 631 - Revised: 06/2019