



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

FILED

JUL 15 2019

699

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.

1. Entity ID Number 000027501		2. Exact name of the Corporation 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 PO Box 86 - Thames St. Station		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<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 Philip J Oliveira				Date 5 July 2019	
Signature of Officer/Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov