| State of Rhode Island and Providence Plantations Fee: \$20.00 | | | |
|---|--|--|--|
| Office of the Secretary of State | | | |
| Division Of Business Services 148 W. River Street | | | |
| Providence RI 02904-2615 | | | |
| (401) 222-3040 | | | |
| Non-Profit Corporation Annual Report | | | |
| Filing Period: June 1 - June 30 | | | |
| In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual | | | |
| report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: 2020 | | | |
| 1. Corporate ID No. 000999205 | | | |
| 2. Name of Corporation Cumberland Professional Firefighters, Local 2722, IAFF | | | |
| 3. State of Incorporation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> | | | |
| NAICS Code 6 | | | |
| <u>813930</u> | | | |
| 4. Corporate Address in Rhode Island | | | |
| No. and Street: <u>7 CRAY STREET</u> | | | |
| City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA | | | |
| 5. Foreign Corporation. Enter Principal Office Address | | | |
| No. and Street: | | | |
| City or Town: State: Zip: Country: | | | |
| 6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island | | | |
| <u>TO BENEFIT THE MEMBERS OF THE CUMBERLAND PROFESSIONAL FIREFIGHERS,</u> LOCAL 2722, IAFF AND CHARITIES THAT THE MEMBERSHIP APPROVE | | | |
| LOCAL 2722, IAFF AND CHARITIES THAT THE MEMBERSHIP APPROVE | | | |
| LOCAL 2722, IAFF AND CHARITIES THAT THE MEMBERSHIP APPROVE 7. Names and Addresses of the Officers and Directors: | | | |

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name | Address |
|-----------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | BRIAN BERNARDO | 7 CRAY ST. CUMBERLAND, RI 02864 USA |
| TREASURER | AARON BABIKIAN | 7 CRAY ST. CUMBERLAND, RI 02864 USA |
| SECRETARY | CRAIG EMERSON | 7 CRAY STREET CUMBERLAND, RI 02864 USA |
| DIRECTOR | BRIAN BERNARDO | 7 CRAY ST. CUMBERLAND, RI 02864 USA |
| DIRECTOR | AARON BABIKIAN | 7 CRAY ST. CUMBERLAND, RI 02864 USA |
| DIRECTOR | JASON LAVALLEE | 7 CRAY STREET CUMBERLAND`, RI 02864 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BRIAN D. BERNARDO 7 CRAY STREET CUMBERLAND, RI 02864

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of June, 2020 at 8:50:18 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AARON BABIKIAN

Signature of Authorized Person

Form No. 631 Revised 09/07

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