



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

FILED

Annual Report for the year: **2020**
 Non-Profit Corporation

JUN 19 2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 5598 OS

1. Entity ID Number 000053651		2. Exact name of the Corporation CENTRAL FALLS FIREFIGHTERS LOCAL 1485 IAFF AFL #			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FIRE DEPARTMENT UNION CIO			
4. NAICS Code 813920 - Professional Org [v]					
6. Principal Office Address 150 ILLINOIS STREET		City CENTRAL FALLS	State RI	Zip 02863	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL CHALMERS			Vice-President Name SCOTT BADILLO		
Street Address 150 ILLINOIS STREET			Street Address 150 ILLINOIS STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name RYAN GRIFFIN			Treasurer Name DANIEL PETRIN		
Street Address 150 ILLINOIS STREET			Street Address 150 ILLINOIS STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
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 SEAN GAUGHAN			Director Name JOHN GARVEY		
Street Address 150 ILLINOIS STREET			Street Address 150 ILLINOIS STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Director Name CHRIS GRAY			Director Name		
Street Address 150 ILLINOIS STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	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 DANIEL R PETRIN				Date 06/09/20	
Signature of Officer/Authorized Representative SIGN DOCUMENT 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