RI SOS Filing Number: 202046484800 Date: 7/23/2020 4:00:00 PM

(200)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2020

FILED

JUL 2 3 2020

Filing period June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number 2. Exact name of the Corporation	0 0 0 0	
000028656 THE PROVINCANTE	PERMANENT FIREMENS PELIEF HEGICIATI	
3 State of Incorporation 5. Brief description of the character	er of business conducted in Rhode Island	
R.I. TO PROVIDE AID	er of business conducted in Rhode Island REMBERS AND	
4. NAICS CODE THEIR FAMILIE	S IN ACCORDANCE WITH BY-LAWS.	
561320	,	
6. Principal Office Address	City State Zip	
90-92 PRINTERY St.	PROVIDENCE R.I. 02904	
7. List ALL officers (names and addresses)	Check the box to indicate an attachment	
President Name HENRY BELL	Vice-Preside (1) Simple AD BASILID .	
Street Address 100 ROWLEY ST.	Street Address Victory 616 HWTV	
City PROVIDENCE State RIT 202909	WEST GREENWICH State R. L. 2102817	
Secretary Name ALVIN UPENA	Treasurer Name KEVIN J. YAUNG	
Street Address 11 (ANCARD AUE)	Street Address 6 (ALLING WOOD TR.	
City CRANSTON State QL Zip 2910	City CRANSTON State R. 1 Zigl 2921	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment		
Director Name (Asa A / (I) A]	Director Name	
Stront Address a Day of the Control Address a	LOKIVELIO FERIVANORZ	
Street Address 103 CENTRAL PILE	Street Address 200 ROUNDS AVE	
City FOSTER State RI. 202925	City PROVIDENCE State R.J. 2102907	
Director Name JENNIFER BELTRAN	Director Name LVIN RODRIGUEZ	
Street Address 81 LINDA DR	Street Address 8 WILSON ST 3	
City COURNTRY State R.J. 2192816	CITYPROVIDENCE STATERI ZIDA907	
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, Treesurer, duly Authorized Representative, Receiver or Trustee		
Name of Officer/Authorized Representative EVIN J. 2006 Signature of Officer/Authorized Representative	Date / 21/20	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov