



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

FILED

Annual Report for the year: 2020
 Non-Profit Corporation

JUL 23 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 9611 DS

1. Entity ID Number 000028656		2. Exact name of the Corporation THE PROVIDENCE PERMANENT FIREMENS RELIEF ASSOCIATION	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE AID & RELIEF TO MEMBERS AND THEIR FAMILIES IN ACCORDANCE WITH BY-LAWS.	
4. NAICS Code 561320			
6. Principal Office Address 90-92 PRINTERY ST.		City PROVIDENCE	State R.I.
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name HENRY BELL		Vice-President Name PEDRO BASILIO	
Street Address 100 ROWLEY ST.		Street Address 49 VICTORY HIGHWAY	
City PROVIDENCE	State R.I.	City WEST GREENWICH	State R.I.
Secretary Name ALVIN VRENA		Treasurer Name KEVIN J. YOUNG	
Street Address 11 CONCORD AVE		Street Address 6 COLLINGWOOD DR.	
City CRANSTON	State RI	City CRANSTON	State RI
		Zip 02910	
		Zip 02921	
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 THOMAS WALDEN		Director Name CORNELIO FERNANDEZ	
Street Address 103 CENTRAL PIKE		Street Address 200 ROUNDS AVE	
City FOSTER	State RI	City PROVIDENCE	State RI
		Zip 02925	
		Zip 02907	
Director Name JENNIFER BELTRAN		Director Name CALVIN RODRIGUEZ	
Street Address 81 LINDA DR.		Street Address 18 WILSON ST.	
City COVENTRY	State RI	City PROVIDENCE	State RI
		Zip 02916	
		Zip 02907	
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 KEVIN J. YOUNG			Date 7/21/20
Signature of Officer/Authorized Representative <i>Kevin J. Young</i>			

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