



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

FILED

JUN 30 2021

BY 1266

Annual Report for the year: **2021**

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 783754		2. Exact name of the Corporation Pawtucket Public Safety Retirees Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To inform retired members of current affairs that pertain to their well-being as it pertains to their current pension benefits and related activities.			
4. NAICS Code 813990 - Other Similar Organiz					
6. Principal Office Address 53 Columbus Avenue, Apt. 209			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Jeremiah O'Connor			Vice-President Name Michael Crawley		
Street Address 43 Sandtrap Lane			Street Address 3 Apache Lane		
City Seekonk	State MA	Zip 02771	City Cumberland	State RI	Zip 02864
Secretary Name Michael Carter			Treasurer Name Eugene Champagne		
Street Address 55 Madison Street			Street Address 53 Columbus Avenue, Apt. 209		
City Pawtucket	State RI	Zip 02861	City North Providence	State RI	Zip 02911
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 Jeremiah O'Connor			Director Name Eugene Champagne		
Street Address 43 Sandtrap Lane			Street Address 53 Columbus Avenue, Apt. 209		
City Seekonk	State MA	Zip 02771	City North Providence	State RI	Zip 02911
Director Name Michael Crawley			Director Name None		
Street Address 3 Apache Lane			Street Address		
City Cumberland	State RI	Zip 02864	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Jeremiah O'Connor					Date 6-15-21
Signature of Officer/Authorized Representative <i>Jeremiah O'Connor</i>					SIGNATURE 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

Entity ID Number: 783754	Name of the Non-Profit Corporation: Pawtucket Public Safety Retirees Association
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Co-Secretary Name Kenneth Noiseux		
Street Address 7 Denver Street		
City Pawtucket	State RI	Zip 02860

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