



State of Rhode Island

Department of State - Business Services Division

FILED

APR 04 2022

BY

Annual Report for the year:
Non-Profit Corporation

2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 57495		2. Exact name of the Corporation The East Providence Police + Fire Retirees Association	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Provide benefits for East Providence Police And Fire Retirees	
4. NAICS Code 812290			
6. Principal Office Address 58 A East Killingly Road		City Foster	State RI
		Zip 02825	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John C. NEALE		Vice-President Name VACANT	
Street Address 58 A East Killingly Rd.		Street Address	
City Foster	State RI	Zip 02825	
Secretary Name to be appointed by Executive Board		Treasurer Name Joseph A. GUENAN	
Street Address Board		Street Address 202 North Shore Blvd.	
City	State	Zip	
		City EAST SANDWICH	State MA
		Zip 02537	
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 FRANK G. WYROSTEK		Director Name Joseph G. CASTRO	
Street Address 30 TEE JAY DRIVE		Street Address 10 HUNTERS RUN	
City SEELKONK	State MA	Zip 02771	
City North-Providence	State RI	Zip 02904	
Director Name Robert W. MCKENNA		Director Name	
Street Address 62 Kingswood Road		Street Address	
City Bristol	State RI	Zip 02809	
		City	State
		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 John C. NEALE - President		Date 3/24/22	
Signature of Officer/Authorized Representative John C. Neale			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021