



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2024**

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

MAR 04 2024
BY *[Signature]*

1. Entity ID Number 000796967		2. Exact name of the Corporation WW PUBLIC EMPLOYEES RETIREMENT COALITION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PUBLIC SERVICE RETIREES TO PROTECT POST-EMPLOYMENT PENSIONS AND BENEFITS			
4. NAICS Code 813930					
6. Principal Office Address 5 LANE E			City COVENTRY	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN J O'HARE			Vice-President Name PETER BROUSSEAU		
Street Address 31 FAIRVIEW AVENUE			Street Address 128 SURREY LANE		
City WEST WARWICK	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
Secretary Name LINDA MARTIN			Treasurer Name ELIZABETH COSTA		
Street Address 61 LIONS AVE			Street Address 5 LANE E		
City WEST WARWICK	State RI	Zip 02893	City COVENTRY	State RI	Zip 02816
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 TIMOTHY POULIN			Director Name NORMAN LANDROCHE		
Street Address 670 LATEN KNIGHT ROAD			Street Address 88 SILVERWOOD LANE		
City CRANSTON	State RI	Zip 02921	City WEST WARWICK	State RI	Zip 02893
Director Name RUSSELL MARSOCCI			Director Name		
Street Address 41 PURITAN AVENUE			Street Address		
City COVENTRY	State RI	Zip 02816	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.					
<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 ELIZABETH COSTA				Date 02-28-24	
Signature of Officer/Authorized Representative <i>Elizabeth A Costa</i>					

MAIL TO:

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