State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number: 000028656	2. Exact name of the Corporation: Providence Permanent Firemens Relief Association
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Provide AID & Relief to members and their families in accordance with BY-LAWS
4. NAICS Code: 813920	

6. Principal Office Address: 90-92 Pinnacle Street, P.O. Box 28054 No. Station — City: Providence — State: RI — Zip: 02908

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Henry E. Bell	Vice-President Name: Alan F. Urena
Street Address: 100 Kinsley Street	Street Address: 11 Concord Avenue
City: Providence — State: RI — Zip: 02909	City: Cranston — State: RI — Zip: 02910
Secretary Name: Jennifer Beltran	Treasurer Name: Carl H. Richards
Street Address: 42 Narragansett Ave	Street Address: 655 Cahoone Rd.
City: Riverside — State: RI — Zip: 02915	City: Greene — State: RI — Zip: 02827

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: Jeffrey C. Andrews	Director Name: Cornelia A. Fernandez
Street Address: 25 Mary Street	Street Address: 202 Lafayette Street
City: East Providence — State: RI — Zip: 02914	City: Pawtucket — State: RI — Zip: 02860
Director Name: Pedro Basilio	Director Name:
Street Address: 87 Duncan Avenue Road	Street Address:
City: Warwick — State: RI — Zip: 02886	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: Carl H. Richards — Date: 09-24-24

Signature of Officer/Authorized Representative: Carl H. Richards

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

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FORM 631- Revised: 04/2023