RI SOS Filing Number: 202572153940 Date: 4/30/2025 4:00:00 PM

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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Re	port for	the yea
Non-Profit	Corpor	ation

Filing period: February 1 - May 1

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→ Filling Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number 000028280	Exact name of the Corporation     Providence Firefighters Realty Corporation						
State of Incorporation     RI	5. Brief description of the character of business conducted in Rhode Island Fire Safety Education						
4. NAICS Code 813930							
6. Principal Office Address 92 Printery Street			City Providence	State RI	Zip 02904		
7 List ALL officers (names and add	resses)		Check the	box to indicate an a	ttachment 🔲		
President Name Ernest Sprague, Jr.			Vice-President Name Cornelio Fernandez				
Street Address 92 Printery Street			Street Address 92 Printery Street				
City Providence	State RI	<sup>Zip</sup> 02904	City Providence	State RI	Zip U29U4		
Secretary Name Hans Ramsden			Treasurer Name Robert Crellin				
Street Address 92 Printery Street		Street Address 92 Printery Street					
City Providence	State RI	<sup>Zip</sup> 02904	City Providence	State RI	<u>ชี2</u> 904		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Robert Pacheco			Director Name Jonathan Viera				
Street Address 92 Printery Street			Street Address 92 Printery Street				
City Providence	State RI	<sup>Zip</sup> 02904	City Providence	State RI	Zip UZYU4		
Director Name Brandon Araujo			Director Name David Palumbo				
Street Address 92 Printery Street			Street Address 92 Printery Street				
City Providence	State RI	<sup>Zip</sup> 02904	City Providence	State RI	δ <sup>2</sup> 904		
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 Date							
Edward C. Roy, Jr., Esq., attorney for Providence Firefighters Re 04/22/2025							
Signature of Officer/Authorized Representative  APR 3 0 2025  HA (1/)							
MAIL TO:							

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov