



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

STAMP

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 25 P 1:49

1. Entity ID Number 000029340		2. Exact name of the Corporation Pawtucket Firemens Relief Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit death benefit for widow of a retired Pawtucket firefighter who has passed away. Money given to family is to help with funeral costs.	
4. NAICS Code 813990			
6. Principal Office Address 155 Roosevelt Avenue		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Stephen Small Sr		Vice-President Name Shawn Bailey	
Street Address 33 Thatcher St		Street Address 1248 Hartford Pike	
City E. Prov	State RI	City Scituate	State RI
Zip 02916		Zip 02857	
Secretary Name Sean Mooney		Treasurer Name Jeffrey T Johnson Jr	
Street Address 55 Trinity Circle		Street Address 31 Felsmere Ave	
City Attleboro	State Ma	City Pawtucket	State RI
Zip 02703		Zip 02861	
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 Robert Thurber		Director Name Sean Mooney	
Street Address 56 Thompson Drive		Street Address 55 Trinity Circle	
City Seekonk	State Ma	City Attleboro	State Ma
Zip 02771		Zip 02703	
Director Name Shawn Bailey		Director Name Jeff Johnson Jr	
Street Address 1248 Hartford Pike		Street Address 31 Felsmere Ave	
City Scituate	State RI	City Pawt	State RI
Zip 02857		Zip 02861	
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 Jeffrey T Johnson Jr			Date 4/25/23
Signature of Officer/Authorized Representative 			FILED

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

APR 25 2023
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