

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

MICHAEL W. LONG
Printed Name:

Michael W. Long
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

MANUEZ F. MARQUESS

Printed Name: _____

Paul F. Fayer
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Robert Matuszek
Printed Name:

Robert Matuszek
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

X Edward J. McCann
Printed Name: _____

X Edward J. McCann
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Kevin McCann
Printed Name: _____

[Signature]
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

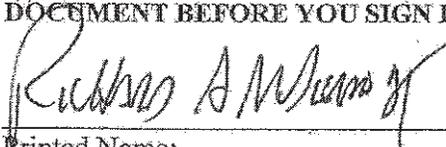
Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Printed Name: _____


Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

DMC
DOUGLAS E. McDIARMID
Printed Name:

Douglas E. McDiarmid
Name:
Participating Retiree

DMC
DOUGLAS E. McDIARMID
Printed Name:

Douglas E. McDiarmid
Name:
Participating Retiree

DMC
DOUGLAS E. McDIARMID
Printed Name:

Douglas E. McDiarmid
Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

X HARRY R. MINKE
Printed Name: _____

X [Signature]
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

FRM BACK TO
787-7417
ATTN. MARY

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Michael R. Moreau

Printed Name:

Michael R. Moreau

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

PAUL E. NADEAU

Printed Name:



Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Lawrence A. Newberg
Printed Name:

Lawrence A. Newberg
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Robert Noury
Printed Name: _____

Rosemary Booth Gallogly
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Jeremiah A. O'Connor

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

By:

Printed Name:

Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Jeremiah O'Connor

Printed Name:

[Signature]

Name:

Participating Retiree

Printed Name:

Name:

Participating Retiree

Printed Name:

Name:

Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Dennis O'Reilly
Printed Name: _____

Dennis O'Reilly
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Bruce Ogni
Printed Name:

Bruce Ogni
Name:
Participating Retiree

Printed Name: _____

Name:
Participating Retiree

Printed Name: _____

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

REWE J. OGWT
Printed Name:

Rose J. Ogwt
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Stephen Ouellet

Printed Name:

[Signature]

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Anthony J PAONE
Printed Name:

[Signature]
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Raymond Papineau
Printed Name:

Raymond Papineau
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

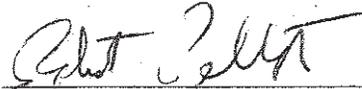
Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

ROBERT PELLETIER
Printed Name:


Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

JOSEPH RABBITT

Printed Name: _____



Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

X JOSEPH LIONEL Remy

Printed Name:

X Joseph Lionel Remy

Name:

Participating Retiree

Printed Name: _____

Name: _____

Participating Retiree

Printed Name: _____

Name: _____

Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Marc S. Rose

Printed Name:

Marc S Rose

Name:

Participating Retiree

Marc S Rose

Printed Name:

Marc S Rose

Name:

Participating Retiree

Marc S. Rose

Printed Name:

Marc S Rose

Name:

Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

JAMES S. RUTHOFSKI

Printed Name: _____

James S. Ruthowski
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Robert G. Salisbury
Printed Name:

[Signature]
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

ROBERT E. SASSO, SR

Printed Name:

Robert E. Sasso, Sr.

Name:

Participating Retiree

Printed Name:

Name:

Participating Retiree

Printed Name:

Name:

Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

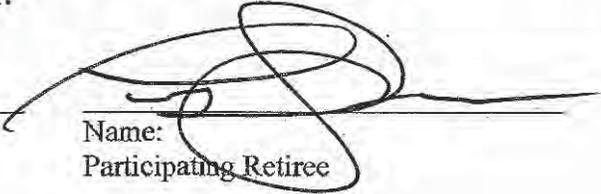
Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Paul St. George
Printed Name: _____


Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Roland St. George
Printed Name:

Roland St. George
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Raymond L. Sullivan Jr
Printed Name:

Raymond L. Sullivan Jr
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Steven R Sullivan
Printed Name:

Steven R Sullivan
Name:
Participating Retiree

Printed Name: _____

Name:
Participating Retiree

Printed Name: _____

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Printed Name:

Carim T. Tager

Name:

Participating Retiree

Carim T. Tager

Printed Name:

Name:

Participating Retiree

Printed Name:

Name:

Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Norman J. Tibesalt

Printed Name:

Norman J. Tibesalt

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Robert Tierney

Printed Name:

Robert Tierney

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

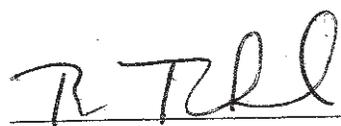
Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Thomas Tinkham
Printed Name:


Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

WALTER J TREMBLEY
Printed Name:

Walter J Trembley
Name:
Participating Retiree

WALTER J TREMBLEY
Printed Name:

Walter J Trembley
Name:
Participating Retiree

WALTER J TREMBLEY
Printed Name:

Walter J Trembley
Name:
Participating Retiree

Appendix A- Restructured Base Pension Benefits							
Restructured Base Pension Benefit							
Name of Retiree	Name of Beneficiary	Status at time of Retirement	Restructured Pension Plan Reduction	Amount Prior to Reduction	Annualized Final Base Pension*	Pension Reduction	Retiree's or Beneficiary's Initial Denoting Acceptance
95	James S. Ruthowski	Debra L. Ruthowski	Retiree	-55.0%	30,996	13,948	(17,048)
96	Robert G. Salisbury	Sandra Salisbury	Ordinary Disability	-55.0%	32,895	14,803	(18,092)
97	Robert E. Sasso	Marie T. Sasso	Retiree	-55.0%	36,612	16,475	(20,137)
98	Roland R. St. George	Catrina St. George	Retiree	-55.0%	34,540	15,543	(18,997)
99	Paul G. St. George	Ruth J. St. George	Accidental Disability	-32.5%	35,532	23,984	(11,548)
100	Steven R. Sullivan	Brenda Sullivan	Retiree	-55.0%	33,176	14,929	(18,247)
101	Raymond L. Sullivan, Jr.	Constance M. Sullivan	Accidental Disability	-32.5%	28,967	19,553	(9,414)
102	Carim T. Tager	Cathleen M. Tager	Accidental Disability	-32.5%	33,106	22,346	(10,760)
103	Normand J. Thibeault	Not Applicable	Accidental Disability	-32.5%	28,967	19,553	(9,414)
104	Robert J. Tierney	Christine Tierney	Retiree	-51.6%	37,418	18,129	(19,289)
105	Thomas J. Tinkham	Not Applicable	Accidental Disability	-32.5%	23,400	15,795	(7,605)
106	Walter J. Trembley <i>WJT</i>	Carol A. Trembley	Accidental Disability	-32.5%	24,829	16,760	(8,069)
107	Gerald A. Turgeon	Mary Ann Turgeon	Ordinary Disability	-55.0%	24,671	11,102	(13,569)
108	Maurice J. Valois	Elizabeth Valois	Accidental Disability	-32.5%	20,978	14,160	(6,818)
	Total represented (inc qdro)				3,365,675	2,024,446	(1,341,229)
25	Non represented				199,528	165,873	(33,655)
133	Total cost				3,565,202	2,190,319	(1,374,883)

* Payment has been adjusted for highlighted individuals to reflect end of pension offset resulting from overpayment, including Gardner, Brayall, Gonsalves, and Greenless.

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

GERALD TURGEON
Printed Name:

Gerald Turgeon
Name:
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Maurice J. Valois
Elizabeth Valois
Printed Name:

Maurice J. Valois
Elizabeth Valois
Name:
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Nancy Benoit
Printed Name: NANCY BENOIT

*Claire Rita Benoit by
Yannick M Benoit under POA dated 11/7/02*
Name: CLAIRE RITA BENOIT
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Rachel C. Bessette

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

RICHARD B BESSETTE
RICHARD B. Bessette
Printed Name: _____

Richard B Bessette
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

RAYMOND BROCHU

Printed Name:

Raymond Brochu

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Constance I. Doran - Constance I Doran
Printed Name: _____ Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Witness:

MARK H. ANDETTE

Mark H. Andette

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

JOSEPH R. GREENGLASS
Printed Name:

[Signature]
Name:
Participating Retiree

not represented
by SMC

John R. Beauvieu
Printed Name:

[Signature]
Name:
Participating Retiree

← Already signed
previously

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Printed Name: MARTHA T LORDAN

Name: Martha T. Lordan
Participating Retiree

*Witness to
signature
of MSS
Stephen P. Ashby
ID 1065*

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name:

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

HELENA KOZLOWSKI
Printed Name:

Helena Kozlowski
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Edward J. Lavoie _____ [Signature] (12/17/11)
Printed Name: _____ Name: _____
Participating Retiree

Printed Name: _____ Name: _____
Participating Retiree

Printed Name: _____ Name: _____
Participating Retiree

WITNESS: Kim M. Lavoie [Signature]
(12/17/11)

Faxed to : Matthew McGowan, Esq. @ 401 453 0073
on 12/18/11 @ 5:35 PM, return US MAIL.

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Printed Name: _____

John P. Rosselle
Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

FRANCIS R. MELIA Francis R. Melia

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Printed Name: _____ Robert G. Flunders, Jr, in his capacity
 as Receiver for the City of Central Falls,
 Rhode Island, and not individually

Rhode Island Department of Revenue
 (as to Sections 3, 4, 7, 16, 18, 19 and 20
 only)

Printed Name: _____ By: _____
 Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

JAMES F MEUNIER *James F Meunier*
 Printed Name: Name:
 Participating Retiree

Printed Name: _____ Name: _____
 Participating Retiree

Printed Name: _____ Name: _____
 Participating Retiree

WITNESS:

CYNTHIA PARIS

Printed Name:



Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Alfred Ogden Jr
Printed Name:

Alfred Ogden Jr
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

SHIRLEY M. PETEL
Printed Name:

Shirley M. Petel
Name:
Participating Retiree

Printed Name: _____

Name:
Participating Retiree

Printed Name: _____

Name:
Participating Retiree

WITNESS:

Printed Name: _____

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name: _____

By: _____
Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

Bruce D. Sawyer *Gerard P. Routhier*
Printed Name: *Bruce D. Sawyer* Name: *GERARD A. ROUTHIER*
Participating Retiree

↑
Witness,
not a
Retiree.

Printed Name: _____

Name: _____
Participating Retiree

Printed Name: _____

Name: _____
Participating Retiree

WITNESS:

Susan E Heaster
Printed Name:
Susan E Heaster

Robert G. Flanders, Jr., in his capacity
as Receiver for the City of Central Falls,
Rhode Island, and not individually

Rhode Island Department of Revenue
(as to Sections 3, 4, 7, 16, 18, 19 and 20
only)

Printed Name:

By: Rosemary Booth Gallogly, Director

NOTICE TO RETIREES: BY SIGNING THIS DOCUMENT, YOU WILL BE BINDING YOURSELF TO CERTAIN OBLIGATIONS. PLEASE READ THIS DOCUMENT CAREFULLY AND THOROUGHLY, ASK ANY QUESTIONS THAT YOU MAY HAVE, AND BE SURE THAT YOU FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT BEFORE YOU SIGN IT.

THOMAS SINDLER
Printed Name:

Thomas Sandler
Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree

Printed Name:

Name:
Participating Retiree



ORSON AND BRUSINI LTD

C O U N S E L O R S A T L A W

December 16, 2011

Via FedEx, Saturday Delivery

Mr. Thomas Smoczek
750 Myrtlewood Lane
Melbourne, FL 32940

Re: In re Central Falls, Rhode Island
 Chapter 9 Case No. 11-13105

Dear Mr. Smoczek,

The undersigned is counsel to Robert G. Flanders, Jr., as Receiver of the City of Central Falls (the "Receiver"), and to the State of Rhode Island. As you may have heard, the Receiver and the Rhode Island Director of Revenue on the one hand, and the negotiating team of the 109 represented retirees on the other hand, have reached an agreement resolving substantially all of their disputes, subject to certain contingencies. Under the terms of the Settlement and Release Agreement (the "Agreement"), the retirees have until December 19, 2011 to obtain 75 retiree signatures in order to make the Agreement enforceable.

I have been informed by the represented retirees' counsel that a meeting of the represented retirees was conducted on Wednesday, December 14, 2011 at which the overwhelming majority of those retirees present voted in favor of and signed the Agreement. However, they still need a few more signatures to reach the 75-signature minimum and thereby make the Agreement enforceable.

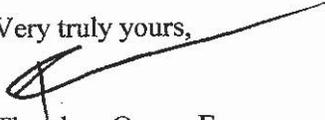
Enclosed are one (1) copy of the Agreement, and one (1) additional signature page (page 20). You are encouraged to review the Agreement with counsel of your choice. If you are willing to sign the Agreement and become a "Participating Retiree," please sign where indicated on both page 20s of the Agreement in front of a witness, have the witness also sign both page 20s, and return the original signed Agreement in the large self-addressed stamped envelope addressed to me, and the additional page 20 in the smaller self-addressed stamped envelope addressed to Mr. McGowan. You are encouraged to make a copy of the Agreement to retain for your own records.

Finally, if you want your signature to be counted towards the 75-signature minimum by the December 19, 2011 deadline, and if you have access to fax or email, in addition to sending the Agreements as described in the prior paragraph, please also email your signed page 20 to me at torson@orsonandbrusini.com and to Mr. McGowan at mmcgowan@smsllaw.com or fax it to me at (401) 861-3103 and to Mr. McGowan at (401) 453-0073.

Please be advised that if you decide to accept the terms of the Agreement after the December 19, 2011 deadline but before the date of that the Bankruptcy Court enters an order approving the Agreement, you will still be treated as a "Participating Retiree" under the Agreement, subject to the benefits and obligations thereunder, provided that the 75-signature minimum has been met as of December 19, 2011 making the Agreement enforceable.

Thank you for your consideration.

Very truly yours,


Theodore Orson, Esq.

CC: Matthew McGowan, Esq. (via email)
Rosemary Booth Gallogly, Director of Revenue (via email)
Robert G. Flanders, Jr., Receiver (via email)