

40 Fountain Street Providence, Rhode Island 02903-1854 (401) 222-2203 TDD: (401) 521-8980 Fax: (401) 222-2430
 E-Mail: ersri@ersri.org Web Site: www.ersri.org

Name: ALLEN S RENAUD

SSN: [REDACTED]

Plan: Municipal Employees Retirement System

Date of Birth: [REDACTED] 1952

ALLEN S RENAUD
 [REDACTED]
 WOONSOCKET RI 02895

Notify this office in writing of any corrections or changes in address

Statement of Estimated Service Credit

Contributing Service	Potential Srv Credit	Awarded Srv Credit
Non-Participating Muni		0.5055
Regular Service		33.6200
Total Contributing Service	0.0000	34.1255
Purchased Service		
Prior Municipal - Participatin		4.2352
Total Purchased Service	0.0000	4.2352
Total Service Credit	0.0000	38.3607

Note: Potential service credit is refunded service which can be bought or service credit purchase that has been invoiced, but remains unpaid or not paid in full. Rebilling for interest on purchases is necessary after 30 days from date of invoice. Contact ERSRI for rebilling.

Awarded Service Credit is the total of purchased and contributing service credit posted to your account.

Contributing Service is the amount of time that you actually worked and contributed as a member of the Employees Retirement System, unless such time was granted. **See important note on Service Credit below.**

Purchased Service is the amount of time you have purchased within the system.

Service Credit is the amount of time you have credited within the system including the time you have purchased for leaves of absence, military time, etc., or if you are a teacher, for time purchased at a private, out-of-state school, etc. This estimate is subject to a thorough review by our Accounting Department at the time of retirement.

IMPORTANT NOTE: Current Employees Retirement System Statutory Requirements

As of June 1991, You must have 10 years of contributing service at the time of retirement in order to receive a pension benefit. If you are a municipal employee, as of December 31, 1992, you must have 10 years of contributing service at the time of retirement in order to receive a pension benefit.

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Name: ALLEN S RENAUD

SSN: [REDACTED] Plan: Municipal Employees Retirement System

DETAILED SERVICE CREDIT HISTORY

Agency/Unit	From	To	Potential Srv Credit	Awarded Srv Credit
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Service Credit by Employer Not Audited

STATEMENT OF CONTRIBUTIONS

Pre-Tax Member Contributions:	\$122,161.65
After-Tax Member Contributions:	\$4,481.50

Total Contributions:	\$126,643.15
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Date of Last Contribution:	01-17-2015
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After-Tax Member Contributions: This represents the amounts you have contributed to the retirement system on an after-tax basis. Should you terminate employment and request a refund of your contributions, this amount would not be subject to taxation. All purchases of service credits are after-tax dollars **Interest on purchases is not reflected in this statement and is not refundable.**

Pre-Tax Member Contributions: This represents the amount of contributions you have contributed to the retirement system on a pre-tax or tax-deferred basis. Should you terminate employment and request a refund of your contributions, this amount will be subject to federal taxation. Almost all contributions to the retirement system are presently taken on a pre-tax basis.

Total Member Contributions: This represents the total amount of contributions you have within your account. Please note that this balance includes both your salary deductions and any payments (excluding interest) that are applied toward purchased or restored credits.

Teachers Survivor Benefit Contributions Those teachers who do not contribute to Social Security contribute to this program on an after-tax basis.

If any of this information is incorrect, please notify the Employees Retirement System in writing, and always include your social security number and plan. If you have any questions, please contact the Retirement office.

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 50 Service Avenue, 2nd Floor
 Warwick, RI 02886-1021
 Office (401) 462-7600 Fax (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

**ERSRI
 Ordinary
 Service**

Estimate of Benefits Schedule 10

MEMBER INFORMATION

Name	SSN	Date of Birth	Date of Retirement
Allen S Renaud	[REDACTED]	[REDACTED] 1952	07/21/2014
Plan	Benefit Structure		
Municipal Employees Retirement System	Police & Fire 20 Years		

BENEFICIARY INFORMATION

Name	Date of Birth	Relationship	Special Provisions

MEMBER ACCOUNT INFORMATION

Service Credit Type	Awarded	Projected	Potential	Total	Member Account Balance	\$123,815.71
					TSB Balance	
Membership Service (contributions)	33.1200	0.0000	0.0000	33.1200	Wages Used in Calculating Average Compensation	
Optional Service (purchases)	4.7406	[REDACTED]	0.0000	4.7406	2013	\$56,373.15
					2012	\$66,802.47
					2011	\$66,532.58
					2010	\$63,497.79
					2009	\$63,420.41
					2008	\$15,897.54
Total Service Credit Used in Estimate Calculation				37.8606	Total Wages	\$332,523.94
Service Credit Factor				0.7500	Average Compensation	\$66,504.79

Messages:

Office Information		
Generated by: Kimberly Shockley	Generation Date: 7/21/2014	Estimate No: 477844

Monthly Gross Benefit Estimates

Instructions: Refer to enclosure for explanations for Option Description

Options	Allen			
SRA	\$4,156.55	One Time Refund of Unused Contributions	One Time Refund of Unused Contributions	One Time Refund of Unused Contributions
Option 1	\$0.00	\$0.00	\$0.00	\$0.00
Option 2	\$0.00	\$0.00	\$0.00	\$0.00

SRA Plus/Social Security Option

	SRA Plus/Social Security Benefit at Retirement	Social Security Factor and estimated Soc. Sec. Benefit	Supplemental Amount
Allen	\$0.00	0.0000 of \$0.00	\$0.00

Teachers Survivor Benefits

Benefit			
Teachers Survivor Benefit	\$0.00	\$0.00	\$0.00

**R. I. RETIREMENT SYSTEM
EMPLOYEE'S LEDGER CARD**

EIN. 11184

CARD NO. _____

NAME RENAUD, Allen S.

DEPT. No. Smithfield

DATE	DEPOSITS	ACCOUNT BALANCE	ACCT. NO.	PROOF BALANCE
NOV 30 79	11.12	11.12*	11.18 4.00*	11.195.12*
DEC 7 79	11.12	22.24*	11.18 4.00*	11.206.24*
DEC 14 79	11.12	33.36*	11.18 4.00*	11.217.36*
DEC 21 79	11.12	44.48*	11.18 4.00*	11.228.48*
DEC 28 79	11.12	55.60*	11.18 4.00*	11.239.60*
JAN 4 80	11.12	66.72*	11.18 4.00*	11.250.72*
JAN 11 80	11.12	77.84*	11.18 4.00*	11.261.84*
JAN 18 80	11.12	88.96*	11.18 4.00*	11.272.96*
JAN 25 80	11.12	100.08*	11.18 4.00*	11.284.08*
FEB 1 80	11.12	111.20*	11.18 4.00*	11.295.20*
FEB 8 80	11.12	122.32*	11.18 4.00*	11.306.32*
FEB 15 80	11.12	133.44*	11.184	11.317.44*
FEB 22 80	11.12	144.56*	11.184	11.328.56*
FEB 29 80	11.12	155.68*	11.184	11.339.68*
MAR 7 80	9.58	165.26*	11.18 4.00*	11.349.26*
MAR 14 80	8.89	174.15*	11.18 4.00*	11.358.15*
MAR 21 80	11.12	185.27*	11.18 4.00*	11.369.27*
MAR 28 80	11.12	196.39*	11.18 4.00*	11.380.39*
APR 4 80	12.23	208.62*	11.18 4.00*	11.392.62*
APR 11 80	11.12	219.74*	11.18 4.00*	11.403.74*
APR 18 80	11.12	230.86*	11.184	11.414.86*
APR 25 80	11.12	241.98*	11.18 4.00*	11.425.98*
MAY 2 80	11.12	253.10*	11.18 4.00*	11.437.10*
MAY 9 80	11.12	264.22*	11.18 4.00*	11.448.22*
MAY 16 80	11.12	275.34*	11.18 4.00*	11.459.34*
MAY 23 80	11.12	286.46*	11.18 4.00*	11.470.46*
MAY 30 80	11.12	297.58*	11.18 4.00*	11.481.58*
JUN 6 80	11.12	308.70*	11.18 4.00*	11.492.70*
JUN 13 80	11.12	319.82*	11.18 4.00*	11.503.82*
JUN 20 80	11.12	330.94*	11.18 4.00*	11.514.94*
JUN 27 80	12.07	343.01*	11.18 4.00*	11.527.01*
JUL 4 80	12.07	355.08*	11.18 4.00*	11.539.08*
JUL 11 80	12.07	367.15*	11.18 4.00*	11.551.15*
JUL 18 80	12.07	379.22*	11.18 4.00*	11.563.22*
JUL 25 80	12.07	391.29*	11.18 4.00*	11.575.29*
AUG 1 80	12.07	403.36*	11.18 4.00*	11.587.36*
AUG 8 80	12.07	415.43*	11.18 4.00*	11.599.43*
AUG 15 80	12.07	427.50*	11.18 4.00*	11.611.50*
AUG 22 80	12.07	439.57*	11.18 4.00*	11.623.57*
AUG 29 80	12.07	451.64*	11.18 4.00*	11.635.64*
SEP 5 80	12.07	463.71*	11.18 4.00*	11.647.71*
SEP 12 80	12.07	475.78*	11.18 4.00*	11.659.78*
SEP 19 80	12.07	487.85*	11.18 4.00*	11.671.85*
SEP 26 80	12.07	499.92*	11.18 4.00*	11.683.92*
OCT 3 80	12.07	511.99*	11.18 4.00*	11.695.99*
OCT 10 80	12.07	524.06*	11.18 4.00*	11.708.06*
OCT 17 80	12.07	536.13*	11.18 4.00*	11.720.13*
OCT 24 80	12.07	548.20*	11.18 4.00*	11.732.20*
OCT 31 80	12.07	560.27*	11.18 4.00*	11.744.27*
BALANCE FORWARDED				

FORM NO.
ER 1 REV. 1/81

R. I. RETIREMENT SYSTEM
EMPLOYEE LEDGER CARD

STATE - CANARY
TEACHER - WHITE
MUNICIPAL - PINK

NAME RENAUD
SOCIAL SEC. NO. [REDACTED]

ALLEN S

PERIOD ENDING 03/16/81
CARD NO. 1 RS0255

EMPLOYER ACCOUNT NUMBER	DATE MO - DAY - YR	TRANS. CODE	REFERENCE NUMBER	EARNINGS	RETIREMENT CONTRIBUTION	RETIREMENT CONTRIBUTION BALANCE TO DATE	SURVIVORS BENEFIT CONTRIBUTION	SURVIVORS BENEFIT CONTRIBUTION TO DATE
3025	00/00/00	99			560.27	560.27		
	11/24/80	01	14	603.60	38.21	596.48		
	12/22/80	01		1609.60	60.35	656.83		
	01/19/81	01		2414.40	48.28	705.11		
	02/16/81	01		3219.20	48.28	753.39		
	03/16/81	01		3621.60	24.14	777.53		

FORM NO.
ER 1 REV. 1/81

R. I. RETIREMENT SYSTEM

EMPLOYEE LEDGER CARD

NAME **RENAUD**
SOCIAL SEC. NO. XXXXXXXXXX

ALLEN S

PERIOD ENDING **12/31/82**
CARD NO. **1** RS0255

EMPLOYER ACCOUNT NUMBER	DATE MO - DAY - YR	TRANS. CODE	REFERENCE NUMBER	EARNINGS	RETIREMENT CONTRIBUTION	RETIREMENT CONTRIBUTION BALANCE TO DATE	SURVIVORS BENEFIT CONTRIBUTION	SURVIVORS BENEFIT CONTRIBUTION TO DATE
4085	07/31/82	01		914.40	64.02	64.02		
	08/28/82	01		2269.46	94.87	158.89		
	09/03/82	62		2269.46	777.53	936.42		
	09/25/82	01		3561.82	90.48	1026.90		
	10/30/82	01		5177.27	113.10	1140.00		
	11/03/82	32		5177.27	2139.04	3279.04		
	11/24/82	01		6469.63	90.48	3369.52		
	12/31/82	01		8085.08	113.10	3482.62		

FORM NO.
ER 1 REV. 1/81

R. I. RETIREMENT SYSTEM

EMPLOYEE LEDGER CARD

NAME RENAUD ALLEN
SOCIAL SEC. NO. [REDACTED]

PERIOD ENDING 08/31/82
CARD NO. 1

EMPLOYER ACCOUNT NUMBER	DATE MO - DAY - YR	TRANS. CODE	REFERENCE NUMBER	EARNINGS	RETIREMENT CONTRIBUTION	RETIREMENT CONTRIBUTION BALANCE TO DATE	SURVIVORS BENEFIT CONTRIBUTION	SURVIVORS BENEFIT CONTRIBUTION TO DATE
3025	00/00/00	88		.00	777.53	777.53		
	08/31/82	53		.00	777.53-	.00		
TOTAL						.00		

R.I. RETIREMENT SYSTEM

EMPLOYEE LEDGER CARD

NAME **RENAUD** ██████████ **ALLEN S** PERIOD ENDING **12/28/84**
RS0255A

SOC. SEC. NO.

EMPLOYER ACCOUNT NUMBER	DATE	TR CD	EARNINGS	RETIREMENT CONTRIBUTION	RETIREMENT CONTRIBUTION NON-TAXABLE TO DATE	RETIREMENT CONTRIBUTION TAX DEFERRED TO DATE	SURVIVORS BENEFIT CONTRI- BUTION	SURVIVORS BENEFIT CONTRIBUTION TO DATE
	MO-DA-YR							
4085	12/31/82	88		3,482.62		3,482.62		
	01/28/83	01	1332.96	93.31		3,575.93		
	02/25/83	01	2677.00	94.08		3,670.01		
	03/31/83	01	4357.05	117.60		3,787.61		
	04/29/83	01	5701.09	94.08		3,881.69		
	05/02/83	32	5701.09	294.17		4,175.86		
	05/03/83	12	5701.09	4.00		4,171.86		
	05/27/83	01	7045.13	94.08		4,265.94		
	06/24/83	01	8389.17	94.08		4,360.02		
	07/29/83	01	10124.42	121.48		4,481.50		
	08/26/83	01	11535.66	98.80		4,580.30		
	09/30/83	01	13299.71	123.50		4,703.80		
	10/21/83	01	14710.95	98.80		4,802.60		
	11/23/83	01	16122.19	98.80		4,901.40		
	12/30/83	01	17886.24	123.50		5,024.90		
	01/27/84	01	19334.53	101.38		5,126.28		
	02/24/84	01	20795.17	102.24		5,228.52		
	03/30/84	01	22620.97	127.80		5,356.32		
	04/27/84	01	24081.61	102.24		5,458.56		
	05/25/84	01	25542.25	102.24		5,560.80		
06/29/84	01	27368.05	127.80		5,688.60			
07/27/84	01	28903.69	107.49		5,796.09			
08/31/84	01	30854.49	136.55		5,932.64			
09/28/84	01	32415.13	109.24		6,041.88			
10/26/84	01	33975.77	109.24		6,151.12			
10/31/84	70	33975.77	1,669.62		7,820.74			
10/31/84	69	33975.77	1,669.62		6,151.12			
11/30/84	01	35926.57	136.55		6,287.67			
12/28/84	01	37487.21	109.24		6,396.91			
						4,481.50		
						1,915.41		

NON-TAXABLE (ACCT 1)
TAXABLE (ACCT 2)

FORM NO.
ER 1 REV. 1/84

R.I. RETIREMENT SYSTEM
EMPLOYEE LEDGER CARD

NAME ALLEN

S RENAUD

PERIOD ENDING

12/27/85

SOC. SEC. NO. [REDACTED]

4085

EMPLOYER ACCOUNT NUMBER	DATE MO-DA-YR	TR CD	EARNINGS	RETIREMENT CONTRIBUTION	RETIREMENT CONTRIBUTION NON-TAXABLE TO DATE	RETIREMENT CONTRIBUTION TAX DEFERRED TO DATE	SURVIVORS BENEFIT CONTRI- BUTION	SURVIVORS BENEFIT CONTRIBUTION TO DATE
0000-000	0/00/00	88				6,396.91		.00
	12/29/84	01	1560.64	109.24		6,506.15	.00	.00
	1/26/85	01	3121.28	109.24		6,615.39	.00	.00
	2/23/85	01	5072.08	136.55		6,751.94	.00	.00
	3/30/85	01	6632.72	109.24		6,861.18	.00	.00
	4/27/85	01	8583.52	136.55		6,997.73	.00	.00
	6/01/85	01	10144.16	109.24		7,106.97	.00	.00
	6/29/85	01	11704.80	109.24	3	7,216.21	.00	.00
	7/27/85	01	13655.60	136.55		7,352.76	.00	.00
	8/31/85	01	15216.24	109.24		7,462.00	.00	.00
	9/28/85	01	16776.88	109.24		7,571.24	.00	.00
	10/26/85	01	18727.68	136.55		7,707.79	.00	.00
	12/27/85	01	20288.32	109.24		7,817.03	.00	.00
TOTAL			20288.32	1,420.12	4,481.50	3,335.53	.00	.00

R.I. RETIREMENT SYSTEM
EMPLOYEE LEDGER CARD

NAME ALLEN S RENAUD

PERIOD ENDING 12/31/87

SOC. SEC. NO. [REDACTED] 4085

EMPLOYER ACCOUNT NUMBER	DATE MO-DA-YR	TR CD	EARNINGS	RETIREMENT CONTRIBUTION	RETIREMENT CONTRIBUTION NON-TAXABLE TO DATE	RETIREMENT CONTRIBUTION TAX DEFERRED TO DATE	SURVIVORS BENEFIT CONTRI- BUTION	SURVIVORS BENEFIT CONTRIBUTION TO DATE
0000-000	12/27/85	88				7,817.03		.00
	1/31/86	01	1950.80	136.55		7,953.58	.00	.00
	2/28/86	01	3511.44	109.24		8,062.82	.00	.00
	3/27/86	01	5072.08	109.24		8,172.06	.00	.00
	4/25/86	01	6632.72	109.24		8,281.30	.00	.00
	5/30/86	01	8583.52	136.55		8,417.85	.00	.00
	6/27/86	01	10144.16	109.24		8,527.09	.00	.00
	7/25/86	01	11704.80	109.24	4	8,636.33	.00	.00
	8/29/86	01	13655.60	136.55		8,772.88	.00	.00
	9/26/86	01	15216.24	109.24		8,882.12	.00	.00
	10/31/86	01	17167.04	136.55		9,018.67	.00	.00
	11/26/86	01	18727.68	109.24		9,127.91	.00	.00
	12/24/86	01	20288.32	109.24		9,237.15	.00	.00
	1/30/87	01	22239.12	136.55		9,373.70	.00	.00
	2/27/87	01	25844.52	252.37		9,626.07	.00	.00
	3/27/87	01	27591.52	122.28		9,748.35	.00	.00
	4/30/87	01	29338.52	122.28	5	9,870.63	.00	.00
	5/31/87	01	31522.27	152.85		10,023.48	.00	.00
	7/31/87	01	33752.81	156.14		10,179.62	.00	.00
	6/30/87	01	35499.81	122.28		10,301.90	.00	.00
	8/31/87	01	37299.21	125.96		10,427.86	.00	.00
	9/30/87	01	39098.61	125.96		10,553.82	.00	.00
	10/31/87	01	41347.86	157.45		10,711.27	.00	.00
	11/30/87	01	43147.26	125.96		10,837.23	.00	.00
	12/31/87	01	45396.51	157.45		10,994.68	.00	.00
TOTAL			45396.51		4,481.50	6,513.18		.00
TOTAL FOR TAXABLE AND NON-TAXABLE					10,994.68			

R.I. RETIREMENT SYSTEM

EMPLOYEE LEDGER CARD

NAME ALLEN S RENAUD

PERIOD ENDING 12/29/89

SOC. SEC. NO. [REDACTED] 4085

EMPLOYER ACCOUNT NUMBER	DATE	TR CD	EARNINGS	RETIREMENT CONTRIBUTION	RETIREMENT CONTRIBUTION NON-TAXABLE TO DATE	RETIREMENT CONTRIBUTION TAX DEFERRED TO DATE	SURVIVORS BENEFIT CONTRI- BUTION	SURVIVORS BENEFIT CONTRIBUTION TO DATE
	MO-DA-YR							
0000-005	12/31/87	88			4,481.50	6,513.18	.00	
	1/31/88	01	1858.51	130.10	4,481.50	6,643.28	.00	.00
	2/26/88	01	3729.87	131.00	4,481.50	6,774.28	.00	.00
	3/31/88	01	6069.07	163.75	4,481.50	6,938.03	.00	.00
	4/29/88	01	7940.43	131.00	4,481.50	7,069.03	.00	.00
	5/27/88	01	9811.79	131.00	4,481.50	7,200.03	.00	.00
	6/24/88	01	11683.15	131.00	4,481.50	7,331.03	.00	.00
	7/29/88	01	14022.35	163.75	4,481.50	7,494.78	.00	.00
	8/26/88	01	16064.12	142.93	4,481.50	7,637.71	.00	.00
	9/30/88	01	18520.27	171.95	4,481.50	7,809.66	.00	.00
	10/28/88	01	20485.19	137.56	4,481.50	7,947.22	.00	.00
	11/23/88	01	22450.11	137.56	4,481.50	8,084.78	.00	.00
	12/31/88	01	24906.26	171.95	4,481.50	8,256.73	.00	.00
	1/27/89	01	26871.18	137.56	4,481.50	8,394.29	.00	.00
	2/24/89	01	28836.10	137.56	4,481.50	8,531.85	.00	.00
	3/31/89	01	31292.25	171.95	4,481.50	8,703.80	.00	.00
	4/28/89	01	33257.17	137.56	4,481.50	8,841.36	.00	.00
	5/26/89	01	35222.09	137.56	4,481.50	8,978.92	.00	.00
	6/30/89	01	37678.24	171.95	4,481.50	9,150.87	.00	.00
	7/28/89	01	39735.78	144.03	4,481.50	9,294.90	.00	.00
	8/25/89	01	41818.58	145.80	4,481.50	9,440.70	.00	.00
	9/29/89	01	44422.08	182.25	4,481.50	9,622.95	.00	.00
	10/27/89	01	46504.88	145.80	4,481.50	9,768.75	.00	.00
	11/22/89	01	48587.68	145.80	4,481.50	9,914.55	.00	.00
	12/29/89	01	51191.18	182.25	4,481.50	10,096.80	.00	.00
TOTAL			51191.18		4,481.50	10,096.80		.00
TOTAL FOR TAXABLE AND NON-TAXABLE					14,578.30			

R.I. RETIREMENT SYSTEM

EMPLOYEE LEDGER CARD

NAME ALLEN S RENAUD

PERIOD ENDING 11/30/91

SOC. SEC. NO. [REDACTED] 4085

EMPLOYER ACCOUNT NUMBER	DATE MO-DA-YR	TR CD	EARNINGS	RETIREMENT CONTRIBUTION	RETIREMENT CONTRIBUTION NON-TAXABLE TO DATE	RETIREMENT CONTRIBUTION TAX DEFERRED TO DATE	SURVIVORS BENEFIT CONTRI- BUTION	SURVIVORS BENEFIT CONTRIBUTION TO DATE
0000-005	12/29/89	88			4,481.50	10,096.80	.00	
	1/26/90	01	2082.80	145.80	4,481.50	10,242.60	.00	.00
	2/23/90	01	4165.60	145.80	4,481.50	10,388.40	.00	.00
	3/30/90	01	6769.10	182.25	4,481.50	10,570.65	.00	.00
	4/30/90	01	8851.90	145.80	4,481.50	10,716.45	.00	.00
	5/31/90	01	11455.40	182.25	4,481.50	10,898.70	.00	.00
	6/30/90	01	13538.20	166.64	4,481.50	11,065.34	.00	.00
	7/31/90	01	15621.00	166.64	4,481.50	11,231.98	.00	.00
	8/31/90	01	18224.50	208.30	4,481.50	11,440.28	.00	.00
	9/30/90	01	20307.30	166.64	4,481.50	11,606.92	.00	.00
	10/31/90	01	22390.10	166.64	4,481.50	11,773.56	.00	.00
	11/30/90	01	24993.60	208.30	4,481.50	11,981.86	.00	.00
	12/31/90	01	27107.64	169.12	4,481.50	12,150.98	.00	.00
	1/31/91	01	30148.50	243.29	4,481.50	12,394.27	.00	.00
	2/28/91	01	32293.78	171.64	4,481.50	12,565.91	.00	.00
	3/30/91	01	34439.06	171.64	4,481.50	12,737.55	.00	.00
	4/30/91	01	36584.34	171.64	4,481.50	12,909.19	.00	.00
	5/29/91	01	39265.94	214.55	4,481.50	13,123.74	.00	.00
	6/30/91	01	41411.22	171.64	4,481.50	13,295.38	.00	.00
	7/31/91	01	43597.89	174.93	4,481.50	13,470.31	.00	.00
	8/31/91	01	46333.14	218.80	4,481.50	13,689.11	.00	.00
	9/30/91	01	48521.34	175.04	4,481.50	13,864.15	.00	.00
	10/31/91	01	51256.59	246.15	4,481.50	14,110.30	.00	.00
	11/30/91	01	53444.79	196.92	4,481.50	14,307.22	.00	.00
TOTAL			53444.79		4,481.50	14,307.22		.00
TOTAL FOR TAXABLE AND NON-TAXABLE					18,788.72			

NAME: ALLEN S RENAUD

SOC. SEC. NO: [REDACTED]

SYSTEM CODE 4085

ACCOUNT NUMBER 0000-00523-00

DATE	TR		RETIRE.	RETIRE.	RETIRE.	SURVIVOR	SURVIVOR
MO-DA-YR	CD	EARNINGS	CONTRIB.	NON-TAX	TAXABLE	BENEFITS	BENEFITS
				TO DATE	TO DATE	CONTRIB.	TO DATE
11/30/91	08			4,481.50	14,307.22		
12/30/91	01	2,108.20	196.92	4,481.50	14,504.14		
YR TOTAL		2,108.20					
01/31/92	01	2,735.25	246.15	4,481.50	14,750.29		
02/29/92	57		71.10	4,481.50	14,821.39		
02/29/92	01	4,923.45	196.92	4,481.50	15,018.31		
03/31/92	01	7,111.65	196.92	4,481.50	15,215.23		
04/30/92	01	9,846.90	246.15	4,481.50	15,461.38		
05/31/92	01	12,035.10	196.92	4,481.50	15,658.30		
06/30/92	01	14,223.30	196.92	4,481.50	15,855.22		
07/30/92	01	16,997.62	249.69	4,481.50	16,104.91		
08/31/92	01	19,229.58	200.88	4,481.50	16,305.79		
09/30/92	01	21,580.58	211.59	4,481.50	16,517.38		
10/31/92	01	24,489.57	261.81	4,481.50	16,777.19		
11/30/92	01	26,840.57	368.27	4,481.50	17,147.46		
12/31/92	01	29,868.60	358.75	4,481.50	17,506.21		
YR TOTAL		29,868.60					
01/31/93	01	2,470.04	222.30	4,481.50	17,728.51		
02/28/93	01	4,521.04	211.59	4,481.50	17,940.10		
03/31/93	01	7,053.00	200.88	4,481.50	18,140.98		
04/30/93	01	9,961.99	261.81	4,481.50	18,402.79		
05/31/93	01	12,312.99	211.59	4,481.50	18,614.38		
06/30/93	01	15,221.98	261.81	4,481.50	18,876.19		
07/31/93	01	17,572.98	211.59	4,481.50	19,087.78		
08/30/93	01	19,923.98	211.59	4,481.50	19,299.37		
09/30/93	01	22,832.97	261.81	4,481.50	19,561.18		
10/30/93	01	25,183.97	211.59	4,481.50	19,772.77		
11/29/93	01	27,534.97	211.59	4,481.50	19,984.36		
12/31/93	01	31,017.80	313.45	4,481.50	20,297.81		
YR TOTAL		31,017.80					
01/31/94	01	2,478.37	223.05	4,481.50	20,520.36		
02/28/94	01	4,710.33	200.88	4,481.50	20,721.74		
03/30/94	01	6,813.57	269.29	4,481.50	21,091.03		
04/30/94	01	11,279.76	221.96	4,481.50	21,312.99		

NAME: ALLEN G RENAUD

SOC. SEC. NO: [REDACTED]

SYSTEM CODE 4085

ACCOUNT NUMBER 0000-00523-00

DATE	TR	EARNINGS	RETIRE. CONTRIB.	RETIRE. NON-TAX TO DATE	RETIRE. TAXABLE TO DATE	SURVIVOR BENEFITS CONTRIB.	SURVIVOR BENEFITS TO DATE
05/31/94	01	13,745.95	221.96	4,481.50	21,534.95		
06/30/94	01	16,797.47	274.64	4,481.50	21,909.59		
07/31/94	01	19,362.11	230.82	4,481.50	22,640.41		
08/31/94	01	22,001.96	244.03	4,481.50	22,301.14		
09/30/94	01	25,428.55	301.95	4,481.50	22,586.39		
10/31/94	01	28,140.00	244.03	4,481.50	22,830.42		
11/30/94	01	30,851.45	244.03	4,481.50	23,074.45		
12/31/94	01	35,963.28	460.11	4,481.50	23,534.56		
YR TOTAL		35,963.28					
01/31/95	01	4,157.28	374.19	4,481.50	23,908.75		
02/28/95	01	6,731.44	231.68	4,481.50	24,140.43		
03/31/95	01	10,086.43	301.95	4,481.50	24,442.38		
04/30/95	01	12,797.88	244.03	4,481.50	24,686.41		
05/30/95	01	15,509.33	244.03	4,481.50	24,930.44		
06/30/95	01	18,864.32	301.95	4,481.50	25,232.39		
07/31/95	01	21,575.77	244.03	4,481.50	25,476.42		
08/31/95	01	24,287.22	244.03	4,481.50	25,720.45		
09/30/95	01	27,642.21	301.95	4,481.50	26,022.40		
10/31/95	01	30,900.38	293.24	4,481.50	26,315.64		
11/30/95	01	36,560.59	509.43	4,481.50	26,825.07		
12/31/95	01	40,418.52	347.22	4,481.50	27,172.29		
YR TOTAL		40,418.52					
01/31/96	01	3,136.55	282.30	4,481.50	27,454.59		
02/29/96	01	5,840.47	243.34	4,481.50	27,697.95		
03/31/96	01	9,364.58	317.18	4,481.50	28,015.18		
04/30/96	01	12,212.71	256.34	4,481.50	28,271.47		
05/31/96	01	15,736.82	317.18	4,481.50	28,588.65		
06/30/96	01	18,584.95	256.34	4,481.50	28,844.79		
07/31/96	01	21,433.08	256.34	4,481.50	29,101.33		
08/30/96	01	24,957.19	317.18	4,481.50	29,418.51		
09/30/96	01	27,805.32	256.34	4,481.50	29,674.85		
10/31/96	01	30,653.45	256.34	4,481.50	29,931.19		
11/30/96	01	36,989.64	570.27	4,481.50	30,501.46		
12/31/96	01	39,837.77	256.34	4,481.50	30,757.80		
YR TOTAL		39,837.77					
01/31/97	01	4,334.29	390.10	4,481.50	31,147.90		

NAME: ALLEN S RENAUD

SOC. SEC. NO: [REDACTED]

SYSTEM CODE 4085

ACCOUNT NUMBER 0000-00520-00

DATE MO-DA-YR	TR CD	EARNINGS	RETIRE. CONTRIB.	RETIRE. NON-TAX TO DATE	RETIRE. TAXABLE TO DATE	SURVIVOR BENEFITS CONTRIB.	SURVIVOR BENEFITS TO DATE
02/28/97	01	7,196.66	257.61	4,481.50	31,405.51		
03/31/97	01	9,914.10	244.56	4,481.50	31,650.07		
04/30/97	01	12,776.47	257.61	4,481.50	31,907.66		
05/31/97	01	16,318.20	318.75	4,481.50	32,226.43		
06/30/97	01	19,180.67	257.61	4,481.50	32,484.04		
07/31/97	01	22,023.89	261.31	4,481.50	32,745.35		
08/31/97	01	25,696.47	325.15	4,481.50	33,070.50		
09/30/97	01	28,616.10	262.78	4,481.50	33,333.23		
10/31/97	01	32,228.68	325.15	4,481.50	33,658.43		
11/30/97	01	38,571.48	570.87	4,481.50	34,229.30		
12/31/97	01	41,491.11	262.78	4,481.50	34,492.08		
YR TOTAL		41,491.11					
01/31/98	01	3,961.66	356.55	4,481.50	34,848.63		
02/28/98	01	10,191.95	360.71	4,481.50	35,409.34		
03/31/98	01	13,019.19	254.44	4,481.50	35,663.78		
YR TOTAL		13,019.19					
TOTAL				4,481.50	35,663.78		
TOTAL FOR TAXABLE AND NON-TAXABLE					40,145.28		

97
 98-03-31
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 154 8 30
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NAME: ALLEN S RENAUD

SOC. SEC. NO: [REDACTED]

SYSTEM CODE 4085

ACCOUNT NUMBER 0000-00523-00

DATE	TR	EARNINGS	RETIRE. CONTRIBUT.	RETIRE. NON-TAX TO DATE	RETIRE. TAXABLE TO DATE	SURVIVOR BENEFITS CONTRIB.	SURVIVOR BENEFITS TO DATE
11/30/91	88			4,481.50	14,307.22		
12/30/91	01	2,188.20	196.92	4,481.50	14,504.14		
YR TOTAL		2,188.20					
01/31/92	01	2,735.25	246.15	4,481.50	14,750.29		
02/29/92	67		71.10	4,481.50	14,821.39		
02/29/92	01	4,923.45	196.92	4,481.50	15,018.31		
03/31/92	01	7,111.65	196.92	4,481.50	15,215.23		
04/30/92	01	9,846.90	246.15	4,481.50	15,461.38		
05/31/92	01	12,035.10	196.92	4,481.50	15,658.30		
06/30/92	01	14,223.30	196.92	4,481.50	15,855.22		
07/30/92	01	16,997.62	249.69	4,481.50	16,104.91		
08/31/92	01	19,229.58	200.88	4,481.50	16,305.79		
09/30/92	01	21,580.58	211.59	4,481.50	16,517.38		
10/31/92	01	24,489.57	261.81	4,481.50	16,779.19		
11/30/92	01	26,840.57	368.27	4,481.50	17,147.46		
12/31/92	01	29,868.60	358.75	4,481.50	17,506.21		
YR TOTAL		29,868.60					
01/31/93	01	2,470.04	222.30	4,481.50	17,728.51		
02/28/93	01	4,821.04	211.59	4,481.50	17,940.10		
03/31/93	01	7,053.00	200.88	4,481.50	18,140.98		
04/30/93	01	9,961.99	261.81	4,481.50	18,402.79		
05/31/93	01	12,312.99	211.59	4,481.50	18,614.38		
06/30/93	01	15,221.98	261.81	4,481.50	18,876.19		
07/31/93	01	17,572.98	211.59	4,481.50	19,087.78		
08/30/93	01	19,923.98	211.59	4,481.50	19,299.37		
09/30/93	01	22,832.97	261.81	4,481.50	19,561.18		
10/30/93	01	25,183.97	211.59	4,481.50	19,772.77		
11/29/93	01	27,534.97	211.59	4,481.50	19,984.36		
12/31/93	01	31,017.80	313.45	4,481.50	20,297.81		
YR TOTAL		31,017.80					
01/31/94	01	2,478.37	223.05	4,481.50	20,520.86		
02/28/94	01	4,710.33	200.88	4,481.50	20,721.74		
03/30/94	01	8,813.57	369.29	4,481.50	21,091.03		
04/30/94	01	11,279.76	221.96	4,481.50	21,312.99		

NAME: ALLEN

S RENAUD

SOC. SEC. NO: [REDACTED]

SYSTEM CODE 4085

ACCOUNT NUMBER 0000-00523-00

DATE	TR	EARNINGS	RETIRE. CONTRIBUT.	RETIRE. NON-TAX TO DATE	RETIRE. TAXABLE TO DATE	SURVIVOR BENEFITS CONTRIB.	SURVIVOR BENEFITS TO DATE
MO-DA-YR	CD						
05/31/94	01	13,745.95	221.96	4,481.50	21,534.95		
06/30/94	01	16,797.47	274.64	4,481.50	21,809.59		
07/31/94	01	19,362.11	230.82	4,481.50	22,040.41		
08/31/94	01	22,073.56	244.03	4,481.50	22,284.44		
09/30/94	01	25,428.55	301.95	4,481.50	22,586.39		
10/31/94	01	28,140.00	244.03	4,481.50	22,830.42		
11/30/94	01	30,851.45	244.03	4,481.50	23,074.45		
12/31/94	01	35,963.28	460.11	4,481.50	23,534.56		
YR TOTAL		35,963.28					
01/31/95	01	4,157.28	374.19	4,481.50	23,908.75		
02/28/95	01	6,731.44	231.68	4,481.50	24,140.43		
03/31/95	01	10,086.43	301.95	4,481.50	24,442.38		
04/30/95	01	12,797.88	244.03	4,481.50	24,686.41		
05/30/95	01	15,509.33	244.03	4,481.50	24,930.44		
06/30/95	01	18,864.32	301.95	4,481.50	25,232.39		
07/31/95	01	21,575.77	244.03	4,481.50	25,476.42		
08/31/95	01	24,287.22	244.03	4,481.50	25,720.45		
09/30/95	01	27,642.21	301.95	4,481.50	26,022.40		
10/31/95	01	30,900.38	293.24	4,481.50	26,315.64		
11/30/95	01	36,560.59	509.43	4,481.50	26,825.07		
12/31/95	01	40,418.52	347.22	4,481.50	27,172.29		
YR TOTAL		40,418.52					
01/31/96	01	3,136.55	282.30	4,481.50	27,454.59		
02/29/96	01	5,840.47	243.36	4,481.50	27,697.95		
03/31/96	01	9,364.58	317.18	4,481.50	28,015.13		
04/30/96	01	12,212.71	256.34	4,481.50	28,271.47		
05/31/96	01	15,736.82	317.18	4,481.50	28,588.65		
06/30/96	01	18,584.95	256.34	4,481.50	28,844.99		
07/31/96	01	21,433.08	256.34	4,481.50	29,101.33		
08/30/96	01	24,957.19	317.18	4,481.50	29,418.51		
09/30/96	01	27,805.32	256.34	4,481.50	29,674.85		
10/31/96	01	30,653.45	256.34	4,481.50	29,931.19		
11/30/96	01	36,989.64	570.27	4,481.50	30,501.46		
12/31/96	01	39,837.77	256.34	4,481.50	30,757.80		
YR TOTAL		39,837.77					
01/31/97	01	4,334.29	390.10	4,481.50	31,147.90		

NAME: ALLEN S RENAUD

SOC. SEC. NO: [REDACTED]

SYSTEM CODE 4085

ACCOUNT NUMBER 0000-00523-00

DATE MO-DA-YR	TR CD	EARNINGS	RETIRE. CONTRIB.	RETIRE. NON-TAX TO DATE	RETIRE. TAXABLE TO DATE	SURVIVOR BENEFITS CONTRIB.	SURVIVOR BENEFITS TO DATE
02/28/97	01	7,196.66	257.61	4,481.50	31,405.51		
03/31/97	01	9,914.10	244.56	4,481.50	31,650.07		
04/30/97	01	12,776.47	257.61	4,481.50	31,907.68		
05/31/97	01	16,318.20	318.75	4,481.50	32,226.43		
06/30/97	01	19,180.57	257.61	4,481.50	32,484.04		
07/31/97	01	22,083.89	261.31	4,481.50	32,745.35		
08/31/97	01	25,696.47	325.15	4,481.50	33,070.50		
09/30/97	01	28,616.10	262.78	4,481.50	33,333.28		
10/31/97	01	32,228.68	325.15	4,481.50	33,658.43		
11/30/97	01	38,571.48	570.87	4,481.50	34,229.30		
12/31/97	01	41,491.11	262.78	4,481.50	34,492.08		
YR TOTAL		41,491.11					
01/31/98	01	3,961.66	356.55	4,481.50	34,848.63		
02/28/98	01	10,191.95	560.71	4,481.50	35,409.34		
03/31/98	01	13,019.19	254.44	4,481.50	35,663.78		
04/30/98	01	15,997.22	268.01	4,481.50	35,931.79		
05/31/98	01	19,682.06	331.62	4,481.50	36,263.41		
06/30/98	01	22,660.09	268.01	4,481.50	36,531.42		
YR TOTAL		22,660.09					
TOTAL				4,481.50	36,531.42		
TOTAL FOR TAXABLE AND NON-TAXABLE					41,012.92		

DOB = [REDACTED] 52

age = 45

yrs of service = 23y 4m

annuity 5/1/98

98-06-30			
82-07-01			
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M-99
1-31-65

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM
ROOM 304 STATE HOUSE PROVIDENCE, RHODE ISLAND

CITY OR TOWN OF North Smithfield

EMPLOYEE TERMINATION NOTICE

NAME Allen S. Renaud RETIREMENT NUMBER [REDACTED]

ADDRESS 27 Farm Street, Woonsocket, R. I. DEPARTMENT Poilice

REASON FOR TERMINATION:

- RESIGNATION DECEASED RETIREMENT
 ILLNESS DISMISSAL OTHER

DATE OF TERMINATION 3/6/81 DATE OF LAST PAYROLL 3/6/81

I hereby approve this termination and certify to the Retirement Board that this employee has terminated his services with this Municipality on the above date.

SIGNED Hennetta T. Deloy, Finance C.
Personnel Director or Department Director

NOTE: This form must be signed and sent to the Employees' Retirement System, Room 304, State House, Providence within 5 days of termination date so as not to hinder retirement benefits or refunds.

11/30/79

11184

Municipal Employees' Retirement System of the State of Rhode Island

MEMBERSHIP APPLICATION

(This form is to be filled out in ink or typewritten.)

To constitute a permanent record of the Municipal Retirement System of the State of Rhode Island and to be used in establishing the rights, privileges and benefits of employees participating in the system. Please observe carefully the following instructions in completing this record.

INSTRUCTIONS: 1. All questions must be answered on this form. 2. State your full name. Do not use initials. 3. The information to be given in this form is strictly confidential and is for the use of the Retirement Board only.

1. Name Allen Stephen Renaud Social Security No. [REDACTED]
(Type or Print Name in Full)

2. Home Address [REDACTED] Woonsocket, R. I. 02895
Post Office Address Street City or Town State Zip

3. I hereby certify that I was born on [REDACTED] 1952 Age 27
Date of Birth

4. Check by (x) Sex Male () Female ()

5. Check by (x) Marital Status: Single () Married () Widowed () Divorced ()

6. Name of City or Town in which employed North Smithfield

7. Name of Department now employing you Police

8. Title of Position Held Dispatcher

9. (a) Amount of Annual Salary 9,635.60 (b) Hourly Rate 4.63
(c) Hours worked in regular pay period 40

10. Date you began your present continuous employment service with the City or Town May 17, 1979

DESIGNATION OF BENEFICIARY

Read the following instructions before designating your beneficiary:

*INSTRUCTIONS: In nominating your beneficiary you must designate a person having an "Insurable Interest" in your life, such as wife, husband, child or parent, dependency or relationship by blood or marriage to you; or you may designate your estate, or a friend. If multiple heirs, please designate your estate.

If you wish to designate contingent beneficiaries, please request contingent form.

I the undersigned, do hereby designate [REDACTED]
Name of Beneficiary having an "Insurable Interest" in your life

Whose date of birth is [REDACTED]
(Insert Date of Birth: Month, Day and Year)

Whose address is [REDACTED] Woonsocket, R. I. 02895
(Give Address of Beneficiary: Street, City or Town and State)

And whose relation to me is my [REDACTED]
as the beneficiary to whom I request the Retirement Board of the Municipal Employees' Retirement System of the State of Rhode Island to pay in the event of my death before retirement on pension, the total amount of the accumulated contributions standing to my credit in the retirement system, and my ordinary death benefit insurance, as provided by the Retirement Law.

(Signature of member) Allen S Renaud
(First) (Middle or Maiden) (Last)

State of Rhode Island County of Providence

On the 5th day of December, 1979, appeared before me the above-named applicant, to me personally known and known to be the individual described in and who executed the foregoing instrument, and he (or she) duly acknowledged to me that he (or she) executed the same and that the statements contained herein were true to the best of his (or her) knowledge and belief.

(Signature of Notary Public) Arthur D. [Signature] (If you have an official seal affix it)
(Notary Public)

My Commission expires on 6/30/81
NOTE: If you are over age 50, you must supply a copy of your Birth Certificate or other proof of age with this form.

ALBANY
NEW YORK
DEC 15 1958

RECEIVED
DEC 15 1958
ALBANY, N.Y.

CITY OF WOONSOCKET
RHODE ISLAND

FINANCE DEPARTMENT
PERSONNEL DIVISION

JOSEPH C. GILL
DIRECTOR

June 29, 1982

Municipal Employees' Retirement System
198 Dyer Street
Providence, RI 02903

Att: Mr. Carlo Mencucci

Dear Mr. Mencucci:

Enclosed is an "Application for Retirement Service Credit Purchase" form for Allen S. Renaud, Woonsocket Police Officer.

Mr. Renaud wishes to purchase his CETA time as prior service. He was employed as a CETA Fire Dispatcher from February 24, 1975 to May 19, 1979. The following is a breakdown of his annual salaries:

February 24, 1975 to December 31, 1975	=	\$6,183.00
January 1, 1976 to December 31, 1976	=	7,735.00
January 1, 1977 to December 31, 1977	=	8,547.50
January 1, 1978 to December 31, 1978	=	9,391.20
January 1, 1979 to May 20, 1979	=	3,794.00
		<u>\$35,650.70</u>

Very truly yours,

Joseph C. Gill
Joseph C. Gill
Personnel Director

JCG/dmp

Enclosure

Mr. Deffen
City of Woonsocket
City of Woonsocket
169 Main St
Woonsocket, RI 02895

7626400

EMPLOYEES' RETIREMENT SYSTEM
Room 101 198 Dyer Street
Providence, Rhode Island 02903
APPLICATION FOR RETIREMENT SERVICE CREDIT PURCHASE

NAME Allen S. Renaud SOC. SEC. or REGISTRY # [REDACTED]
ADDRESS [REDACTED] CITY/TOWN Woonsocket, Rhode Island
 STATE EMPLOYEE TEACHER MUNICIPAL EMPLOYEE GENERAL ASSEMBLY
TYPE OF PURCHASE Prior Service

PERIOD COVERED:

February 24 1975 TO May 19 1979 DEPT. Fire - (Dispatcher)
____ TO _____ DEPT. _____
____ TO _____ DEPT. _____

I hereby make application to purchase the above stated service credits to my retirement account and certify that the statements made herein are true to the best of my knowledge. I have or will supply the retirement office the necessary documents as noted below, to facilitate this purchase.

DATE 6-29-82

SIGNED Allen S. Renaud

Allen S. Renaud

DOCUMENTS or CERTIFICATIONS NECESSARY

Please supply the proper documents to the retirement office with this application if possible, to expedite this request promptly. The following is a listing of the documents necessary for most purchases. If the type of credit you are requesting is not listed, please check with the retirement office for instructions.

MILITARY SERVICE -- Any official discharge or document stating the actual dates and length of active service. Certification of first years earnings from the proper department, school, city or town etc.

LEAVES OF ABSENCE -- Certification from department, city, town, school etc. stating the type of leave, date left and returned, and amount of salary that would have been earned during leave period.

OUT-OF-STATE TEACHING ----- Certification from place taught, stating dates and length of time
IN STATE PRIVATE SCHOOLS teaching. Certification of present salary.

PREVIOUS REFUNDS -- No certification needed.

PART TIME, LIMITED, TEMPORARY, SUBSTITUTE -- Certification from employing agency stating the dates, days or number of hours worked and salary earned.

MISCELLANEOUS STATE, TEACHING or MUNICIPAL SERVICE -- Certification from employing agency stating dates, length of service and salary earned.

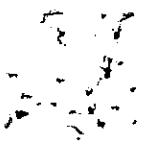
In order to avoid delays please obtain and submit the proper documents with this application. You will be billed or notified of rejection of application or additional data needed.

100

RECEIVED

1902 JUL 12 AM 9:29

STATE OF OHIO
REVENUE DEPARTMENT



RECEIVED

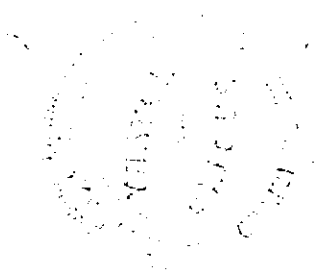
1502 JUL 12 AM 9:29

STATE OF NEW YORK
RETIREMENT DIVISION

RECEIVED

1982 JUL 12 AM 9:29

STATE OF ALABAMA
RETIREMENT DIVISION





STATE OF RHODE ISLAND AND PROVIDENCE PLANTINGS

EMPLOYEES' RETIREMENT SYSTEM

198 Dyer Street
Providence, R. I. 02905

ANTHONY J. SOLOMON, Chairman
General Treasurer

September 1, 1982

Allen S. Renaud

Woonsocket, R.I.

Per your request to purchase credit for: Prior Service-Employees Share

(Ceta)
From 2/24/75 to 5/20/79

A period of 4 years 2 months 25 days.

The amount of \$ 2,139.04 plus Interest of \$ 571.13 for a
total amount of \$ 2,710.17 is due and payable to the Employees'
Retirement System on or before October 1, 1982, if not paid by
this date, interest charges must be recomputed.

Please show your Social Security Number on all payments,
correspondence, etc.

As your cancelled check is your receipt, none will be sent unless
requested.

Thank you,

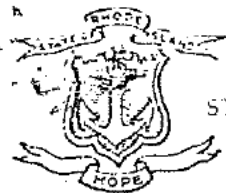
Joseph G. Iannelli
Executive Director

JGI: eg

Note: This purchase is Contingent upon payment of Municipality's Share.

11/14/22

PROCESSED
NOV 14 2022



STATE OF RHODE ISLAND AND PROVIDENCE PLANTINGS

EMPLOYEES' RETIREMENT SYSTEM

198 Dyer Street

Providence, R. I. 02903

ANTHONY J. SOLOMON, Chairman

General Treasurer

September 1, 1982

Allen S. Renaud

[Redacted]

Woonsocket, R.I.

[Redacted]

Per your request to purchase credit for: **Prior Service-Employees Share**

(Cets)
From **2/24/75** to **5/20/79**

A period of **4** years **2** months **25** days.

The amount of \$ **2,139.04** plus Interest of \$ **571.13** for a

total amount of \$ **2,710.17** is due and payable to the Employees'

Retirement System on or before **October 31, 1982** . . . , if not paid by

this date, interest charges must be recomputed.

Please show your Social Security Number on all payments,

correspondence, etc.

As your cancelled check is your receipt, none will be sent unless

requested.

Thank you,

JGI: eg

Joseph G. Iannelli
Executive Director

Note: ~~This purchase is contingent upon payment of Municipality's Share.~~

Municipal share does not have to be paid.

eg
10/6/82



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS.

EMPLOYEES' RETIREMENT SYSTEM
198 Dyer Street
Providence, R. I. 02903

September 1, 1982

Mr. Joseph C. Gill
Personnel Director
City of Woonsocket
City Hall
169 Main Street
Woonsocket, R.I.

Re: Allen S. Renaud
[Redacted]
Woonsocket, R.I.
[Redacted]

Per your request to purchase credit for: Ceta - Municipality Share

From 2/24/75 to 5/20/79

A period of 4 years 2 months 25 days.

The amount of \$ 4,256.81 plus interest of \$ for a total amount of \$ 4,256.81 is due and payable to the Employees' Retirement System on or before upon receipt, if not paid by this date, interest charges must be recomputed.

Please show your Social Security Number on all payments, correspondence, etc.

As your cancelled check is your receipt, none will be sent unless requested.

Thank you,

Joseph C. Iannelli
Joseph C. Iannelli
Executive Director

JCI: eg

Note: This purchase is contingent upon payment of Employees Share.

Not due
Per JCI

went from them
Ceta
To Perm Police

A. S. RENAUD'S CONTRIBUTION MASTER
 PERSONAL DATA

GROUP CODE	3025	PLACE OF EMPLOY1	
SOC SEC NO	[REDACTED]	PLACE OF EMPLOY2	
GRP CONTROL NO		TITLE	DISPATCHER
STATUS CODE	006	ANNUAL SALARY	\$7,444.40
TERMINATION CD	00	HOURLY RATE	\$.00
DATE OF HIRE	05/17/79	PAY PERIOD-HOURS	.0
APPLICATION AGE	00	PAY PERIOD-SAL	\$.00
ORIG MEMSHIP DT	11/30/79	PAY FREQUENCY	00
EQED MEMSHIP DT	00/00/00		

SALARY HISTORY

OLDEST CONSECUTIVE YR	00	OLDEST CONSECUTIVE SAL	\$.00
MIDDLE CONSECUTIVE YR	00	MIDDLE CONSECUTIVE SAL	\$.00
LATEST CONSECUTIVE YR	81	LATEST CONSECUTIVE SAL	\$3,621.60
OLDEST CONSECUTIVE WK YR	00	OLDEST CONSECUTIVE WK SAL	\$.00
MIDDLE CONSECUTIVE WK YR	00	MIDDLE CONSECUTIVE WK SAL	\$.00
LATEST CONSECUTIVE WK YR	00	LATEST CONSECUTIVE WK SAL	\$.00

INCEPTION TO DATE RETIREMENT	\$777.53	YTD CONTRIBUTIONS RETIREMENT	CALENDER- \$.00 FISCAL- \$.00	YTD SALARY	\$.00 \$.00
---------------------------------	----------	---------------------------------	------------------------------------	------------	------------------

CONTRIBUTION TRANSACTIONS

TRANS CODE	TRANSMITTAL NUMBER	TRANSMITTAL POSTING DT	COMPUTER POSTING DT	SALARY EARNED	RETIREMENT AMOUNT
BB	0000000000	00/00/00	03/16/81	\$.00	\$777.53
**TOTAL					\$777.53

*From 3025
 to 4085*

*Trans to Public
 4085
 August*

ALLEN STEPHEN RENAUD
BONNIE JEAN RENAUD
[REDACTED]
WOONSOCKET, R.I. 02895
2663
57-7341
9/27 1982 215
PAY TO THE ORDER OF EMPLOYEES RETIREMENT SYSTEM \$ 2,110.11
TWO THOUSAND SEVEN HUNDRED TEN
MARQUETTE
Credit-Union
WOONSOCKET, RHODE ISLAND 02895
FOR [REDACTED]
Allen Stephen Renaud
11 DOLLARS

756-6711

CITY OF WOONSOCKET
RHODE ISLAND

FINANCE DEPARTMENT
PERSONNEL DIVISION

JOSEPH C. GILL
DIRECTOR

October 6, 1982

Mr. Allen S. Renaud

Woonsocket, RI 02895

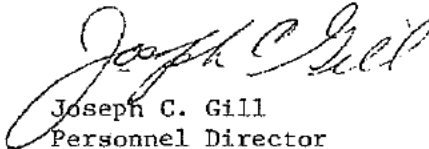
Dear Mr. Renaud:

Enclosed is your check for \$2,710.17 which is your contribution to the Municipal Employees' Retirement System.

You will note that this purchase is contingent upon payment of the City's share.

After discussing this with the Administration and the Retirement System, it has been decided that the City of Woonsocket is not interested in purchasing your back service credit.

Respectfully,



Joseph C. Gill
Personnel Director

JCG/dmp

Enclosures

cc: Mayor Gaston A. Ayotte, Jr.
Mr. G. Edgar Parenteau, Finance Director
Mr. Joseph G. Lannelli, Executive Director, Retirement System

RECEIVED
OCT -7 AM 9:22
1982



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

EMPLOYEES' RETIREMENT SYSTEM
198 Dyer Street
Providence, R. I. 02903

Allen S. Renaud

October 6, 1982

[Redacted]

~~Woonsocket, R.I. 02895~~

[Redacted]

Per your request to purchase credit for: **Prior Service**

From **2/24/75** to **5/20/79**

A period of **4** years **2** months **25** days.

The amount of \$ **2,139.04** plus Interest of \$ **571.13** for a total amount of \$ **2,710.17** is due and payable to the Employees' Retirement System on or before **October 31, 1982**, if not paid by this date, interest charges must be recomputed.

Please show your Social Security Number on all payments, correspondence, etc.

As your cancelled check is your receipt, none will be sent unless requested.

Thank you,

JCI: eg

Joseph C. Iannelli
Executive Director

RHODE ISLAND
EMPLOYEES RETIREMENT SYSTEM
CANCELLED PAYMENT

10.1582

20

DISTRIBUTION	
WHITE	— TREASURER
GREEN	— DEPARTMENT
PINK	— CONTROLLER
YELLOW	— DEPARTMENT

STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

TREASURY VOUCHER NO.	
82-83	6110

TREASURY DEPARTMENT
STATE HOUSE PROVIDENCE

RECEIPTS TRANSMITTAL VOUCHER

A-28 REV 2/73

PREVIOUS VOUCHER DATE _____

DEPARTMENT _____

DIVISION OR AGENCY Municipal Empl. Retirement System

I CERTIFY THAT ALL MONIES RECEIVED FROM THIS SOURCE SINCE THE DATE OF THE PREVIOUS VOUCHER ARE ITEMIZED BELOW AND HEREWITH TRANSMITTED. THE AMOUNTS LISTED ARE TRUE AND CORRECT REMITTANCES AS RECEIVED.

SIGNATURE—DEPARTMENT HEAD OR AUTHORIZED AGENT _____

RHODE ISLAND GENERAL LAWS, 1956, AS AMENDED, SECTION 11-28-1: FAILURE TO PAY STATE FUNDS INTO TREASURY — EVERY OFFICER, OR OTHER PERSON, RECEIVING OR HAVING IN HIS HAND MONEY BELONGING TO THE STATE, WHICH MONEY SHOULD BE PAID INTO THE STATE TREASURY, SHALL PAY THE SAME TO THE GENERAL TREASURER WITHIN THIRTY (30) DAYS AFTER HE SHALL RECEIVE SUCH MONEY, UNLESS OTHERWISE PROVIDED BY LAW; AND EVERY PERSON WHO SHALL, WITHOUT JUST CAUSE, NEGLECTS OR REFUSE TO PAY OVER SUCH MONEY, SHALL BE FINED NOT EXCEEDING FIVE HUNDRED DOLLARS (\$500) OR BE IMPRISONED NOT EXCEEDING FIVE (5) YEARS.

VOUCHER DATE 10/15/82

DEPARTMENT VOUCHER NO. 20

FUND Municipal Empl. Retirement

TREASURY VALIDATION TREASURY DEPT 2 10-19-82

571.13

6110

RECEIPT/LICENSE NO.	RECEIVED FROM	DESCRIPTION	AMOUNT
	Allen S. Renaud	Interest paid to purchase	\$ 571.13
	SS # [REDACTED]	Prior Service credit in the Retirement System for the period 02/21/75 to 05/10/75	
		4X 2H 25D	
		Personal ck #2663, 09/27/82	
		Drawn on [REDACTED]	

INITIALS	CODE (1-9)	RECEIPT ACCOUNT NO.	AMOUNT	APPROPRIATION ACCOUNT NO.	BUDGET CODE	CC	ACCT. REC.
RP	2	89-623	\$ 571.13	6500-000	102		
VER							
AUDIT							
TREASURY TIME STAMP							

SIGNATURE-CONTROLLER

X

DISTRIBUTION
 WHITE — TREASURER
 GREEN — DEPARTMENT
 PINK — CONTROLLER
 YELLOW — DEPARTMENT

STATE OF RHODE ISLAND
 AND
 PROVIDENCE PLANTATIONS

TREASURY VOUCHER NO.
 6109

TREASURY DEPARTMENT
 STATE HOUSE PROVIDENCE

RECEIPTS TRANSMITTAL VOUCHER

A-26 REV 2/73

PREVIOUS VOUCHER DATE
10/05/82
 DEPARTMENT
TREASURY
 DIVISION OR AGENCY
Municipal Empl. Retirement System
 I CERTIFY THAT ALL MONIES RECEIVED FROM THIS SOURCE SINCE THE DATE OF THE PREVIOUS VOUCHER ARE ITEMIZED BELOW AND HEREWITH TRANSMITTED. THE AMOUNTS LISTED ARE TRUE AND CORRECT REMITTANCES AS RECEIVED.
 SIGNATURE—DEPARTMENT HEAD OR AUTHORIZED AGENT
[Signature]

RHODE ISLAND GENERAL LAWS, 1956, AS AMENDED, SECTION 11-28-1: FAILURE TO PAY STATE FUNDS INTO TREASURY — EVERY OFFICER, OR OTHER PERSON, RECEIVING OR HAVING IN HIS HAND MONEY BELONGING TO THE STATE, WHICH MONEY SHOULD BE PAID INTO THE STATE TREASURY, SHALL PAY THE SAME TO THE GENERAL TREASURER WITHIN THIRTY (30) DAYS AFTER HE SHALL RECEIVE SUCH MONEY, UNLESS OTHERWISE PROVIDED BY LAW; AND EVERY PERSON WHO SHALL, WITHOUT JUST CAUSE, NEGLECTS OR REFUSE TO PAY OVER SUCH MONEY, SHALL BE FINED NOT EXCEEDING FIVE HUNDRED DOLLARS (\$500) OR BE IMPRISONED NOT EXCEEDING FIVE (5) YEARS.

VOUCHER DATE
10/15/82
 DEPARTMENT VOUCHER NO.
20
 FUND
Municipal Empl. Retirement
 TREASURY VALIDATION
TREASURY DEPT 2 10-17-82
2,139.04
 6109

RECEIPT/LICENSE NO.	RECEIVED FROM	DESCRIPTION	AMOUNT
	Allen S. Renaud	Full payment to purchase	\$ 2139.04
38	[Redacted]	Prior Service credit in the Retirement System for the period 02/24/75 to 05/20/77.	
		4X 2M 25D	
	4035	Personal ck #2663, 09/27/82.	
		Drawn on [Redacted]	

INITIALS	CODE (1-9)	RECEIPT ACCOUNT NO.	AMOUNT	APPROPRIATION ACCOUNT NO.	BUDGET CODE	CC	ACCTS. REC.
RP	2	85-607	\$ 2139.04	8500-000	102		
VER							
AUDIT							
TREASURY TIME STAMP							

SIGNATURE-CONTROLLER
 X

RECEIVED
NOV 9 10:46 AM '46

RECORD LISTING

A. S. RENAUD'S CONTRIBUTION MASTER

PERSONAL DATA

GROUP CODE	4085	PLACE OF EMPLOY1	
SOC SEC NO		PLACE OF EMPLOY2	
GRP CONTROL NO		TITLE	
STATUS CODE	001	ANNUAL SALARY	\$.00
TERMINATION CD	00	HOURLY RATE	\$.00
DATE OF HIRE	00/00/00	PAY PERIOD-HOURS	.0
APPLICATION AGE	00	PAY PERIOD-SAL	\$.00
ORIG MEMSHIP DT	00/00/00	PAY FREQUENCY	00
EQED MEMSHIP DT	00/00/00		

SALARY HISTORY

OLDEST CONSECUTIVE YR	00	OLDEST CONSECUTIVE SAL	\$.00
MIDDLE CONSECUTIVE YR	00	MIDDLE CONSECUTIVE SAL	\$.00
LATEST CONSECUTIVE YR	82	LATEST CONSECUTIVE SAL	\$8,085.08
OLDEST CONSECUTIVE WK YR	00	OLDEST CONSECUTIVE WK SAL	\$.00
MIDDLE CONSECUTIVE WK YR	00	MIDDLE CONSECUTIVE WK SAL	\$.00
LATEST CONSECUTIVE WK YR	00	LATEST CONSECUTIVE WK SAL	\$.00

INCEPTION TO DATE

YTD-CONTRIBUTIONS

YTD-SALARY

RETIREMENT

RETIREMENT

\$3,482.62

CALENDER-

\$.00

\$.00

\$571.13 FISCAL-

\$.00

\$.00

CONTRIBUTION TRANSACTIONS

TRANS CODE	TRANSMITTAL NUMBER	TRANSMITTAL POSTING DT	COMPUTER POSTING DT	SALARY EARNED	RETIREMENT AMOUNT
01	4085073182	07/11/82	07/31/82	\$914.40	\$64.02
62	4085090382	08/31/82	09/03/82	\$.00	\$777.53
01	4085083182	08/01/82	08/28/82	\$1,355.06	\$94.87
01	4085093082	08/29/82	09/25/82	\$1,292.36	\$90.48
32	4085110382	10/31/82	11/03/82	\$.00	\$2,139.04
01	4085103182	09/26/82	10/30/82	\$1,615.45	\$113.10
01	4085113082	10/31/82	11/24/82	\$1,292.36	\$90.48
01	4085123182	11/25/82	12/31/82	\$1,615.45	\$113.10

**TOTAL

\$3,482.62

EMPLOYEES' RETIREMENT SYSTEM
ROOM 101 - 198 DYER STREET
PROVIDENCE, R. I. 02903

APPLICATION FOR RETIREMENT SERVICE CREDIT PURCHASE

NAME Allen S. Renaud SOC. SEC. OR REGISTRY # [REDACTED]

ADDRESS [REDACTED] CITY/TOWN Woonsocket, R.I. 02895

STATE EMPLOYEE TEACHER MUNICIPAL EMPLOYEE GEN. ASSEMBLY

TYPE OF PURCHASE Prior Service - Probationary

PERIOD COVERED:

* 52079 TO 11-20-79 DEPT. No. Smith Field

TO _____ DEPT. _____

TO _____ DEPT. _____

I hereby make application to purchase the above-stated service credits to my retirement account and certify that the statements made herein are true to the best of my knowledge. I have or will supply the Retirement Office the necessary documents as noted below, to facilitate this purchase.

DATE: 2/15/83

SIGNED: Allen S. Renaud

DOCUMENTS OR CERTIFICATIONS NECESSARY

Please supply the proper documents to the Retirement Office with this application, if possible, to expedite this request promptly. The following is a listing of the documents necessary for most purchases. If the type of credit you are requesting is not listed, please check with the Retirement Office for instructions.

MILITARY SERVICE -- Any official discharge or document stating the actual dates and length of active service. Certification of first year's earnings from the proper department, school, city, or town, etc.

LEAVES OF ABSENCE -- Certification from department, city, town, school, etc. stating the type of leave, date left and returned, and amount of salary that would have been earned during leave period.

(PUBLIC)
OUT-OF-STATE TEACHING & IN-STATE PRIVATE SCHOOLS -- Certification from place taught, stating dates and length of time teaching. Certification of present salary.

PREVIOUS REFUNDS -- No certification needed.

PART-TIME, LIMITED, TEMPORARY, OR SUBSTITUTE - Certification from employing agency stating the dates, days or number of hours worked and salary earned.

* MISC STATE, TEACHING OR MUNICIPAL SERVICE - Certification from employing agency stating dates, length of service and salary earned.

IN ORDER TO AVOID DELAYS, PLEASE OBTAIN AND SUBMIT THE PROPER DOCUMENTS WITH THIS APPLICATION. YOU WILL BE BILLED OR NOTIFIED OF REJECTION OF APPLICATION OR ADDITIONAL DATA NEEDED.

RECEIVED
FEB 18 AM 9:18

TO: Lou Capozano Employees' Retirement System

FROM:

Town of North Smithfield
Memorial Town Hall
Slatersville, R.I. 02876

Room 101 198 Dyer Street

Providence, R.I. 02903

MESSAGE

SUBJECT: Allen Renaud Probationary Time

Earnings for Allen Renaud for period covering 5/21/79 to 11/23/79

Regular earnings \$4145.28

O.T. & Holidays ~~1342.40~~

~~\$5487.77~~

DATE 02/16/83 SIGNED

Payroll Clerk
Clara G. Joyce

REPLY

DATE _____ SIGNED _____

R87-RM2

RETURN THIS COPY TO SENDER

TO: Lou Capozano Employees' Retirement System
Room 101 198 Dyer Street
Providence, R.I. 02903

FROM: Town of North Smithfield
Memorial Town Hall
Slatersville, R.I. 02876

MESSAGE

SUBJECT: **Allen Renaud Probationary Time**

Earnings for Allen Renaud for period covering 5/21/79 to 11/23/79

Regular earnings \$4145.28

O.T. & Holidays ~~1242.49~~

~~5487.77~~

DATE 02/16/83 SIGNED Fayall Clark
Allen Renaud

REPLY

RECEIVED
1983 FEB 18 AM 8:18
1983 FEB 18 AM 8:18

DATE _____ SIGNED _____

RECEIVED
FEB 13 07 3:18
FBI - NEW YORK

Municipal Employees' Retirement System
of the State of Rhode Island



CERTIFICATION OF PRIOR SERVICE

PRIOR TO 7/1/82 (Effective Date)

The purpose of this form is to establish the period of prior service rendered as an employee for which credit is to be granted for the various purposes of the Municipal Employees' Retirement System of the State of Rhode Island. In view of the importance of this information in the operations of the system, and its value to the employee concerned, it is urged that a complete and accurate report of this service be given, and that this report be returned to the system promptly.

Name of Member Allen S. Renaud
Name of City or Town in which employed Woonsocket
Title of Position Police Officer

I hereby certify that the following is a true and correct record of the service rendered by the above named member as an employee of Woonsocket, Rhode Island
Town or City, and State

Dates of Service		Length of Service in Years and Months
From	To	
3/9/81	7/1/82	1 year and 4 months
		<i>By [Signature]</i>

Witness my hand and Seal of Office at Woonsocket
(City or Town)
State of Rhode Island on this 18 day of February, 1983

Joseph C. Hill
PERSONNEL DIRECTOR
Official Position

RECEIVED
1958 FEB 22 AM 10:01
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

EMPLOYEES' RETIREMENT SYSTEM
198 Dyer Street
Providence, R. I. 02903-3998
Tel. (401) 277-2203

ANTHONY J. SOLOMON, Chairman
General Treasurer

February 25, 1983

Allen S. Renaud
[Redacted]
Woonsocket, R.I. 02895



Per your request to purchase credit for: **Prior Service-Probationary**

From **5/1/79** to **11/23/79**

A period of **0** years **6** months **2** days.

The amount of \$ ^{294.17} ~~290.17~~ plus Interest of \$ **49.88** for a
total amount of \$ **344.05** is due and payable to the Employees'

Retirement System on or before **March 31, 1983**, if not paid by
this date, interest charges must be recomputed.

Please show your Social Security Number on all payments,
correspondence, etc.

As your cancelled check is your receipt, none will be sent unless
requested.

Thank you,

JGI:eg

Joseph G. Iannelli
Executive Director

RHODE ISLAND
EMPLOYEES RETIREMENT SYSTEM

RECEIVED PAYMENT

04/05/83

(102)

*refund
P.A.*

DISTRIBUTION
 WHITE — TREASURER
 GREEN — DEPARTMENT
 PINK — CONTROLLER
 YELLOW — DEPARTMENT

STATE OF RHODE ISLAND
 AND
 PROVIDENCE PLANTATIONS
 TREASURY DEPARTMENT
 STATE HOUSE PROVIDENCE

TREASURY VOUCHER NO.
 17888

RECEIPTS TRANSMITTAL VOUCHER

A-28 REV 2/73

PREVIOUS VOUCHER DATE

DEPARTMENT
Treasury

DIVISION OR AGENCY
Municipal Empl. Retirement System

I CERTIFY THAT ALL MONIES RECEIVED FROM THIS SOURCE SINCE THE DATE OF THE PREVIOUS VOUCHER ARE ITEMIZED BELOW AND HEREWITH TRANSMITTED. THE AMOUNTS LISTED ARE TRUE AND CORRECT REMITTANCES AS RECEIVED.

SIGNATURE—DEPARTMENT HEAD OR AUTHORIZED AGENT
[Signature]

RHODE ISLAND GENERAL LAWS, 1956, AS AMENDED, SECTION 11-28-1: FAILURE TO PAY STATE FUNDS INTO TREASURY — EVERY OFFICER, OR OTHER PERSON, RECEIVING OR HAVING IN HIS HAND MONEY BELONGING TO THE STATE, WHICH MONEY SHOULD BE PAID INTO THE STATE TREASURY, SHALL PAY THE SAME TO THE GENERAL TREASURER WITHIN THIRTY (30) DAYS AFTER HE SHALL RECEIVE SUCH MONEY, UNLESS OTHERWISE PROVIDED BY LAW, AND EVERY PERSON WHO SHALL, WITHOUT JUST CAUSE, NEGLECT OR REFUSE TO PAY OVER SUCH MONEY, SHALL BE FINED NOT EXCEEDING FIVE HUNDRED DOLLARS (\$500) OR BE IMPRISONED NOT EXCEEDING FIVE (5) YEARS.

VOUCHER DATE
04/04/83

DEPARTMENT VOUCHER NO.
62

FUND
Municipal Empl. Retirement

TREASURY VALIDATION
TREASURY DEPT 1 4-11-83

SH 49 83

17888

RECEIPT/LICENSE NO.	RECEIVED FROM	DESCRIPTION	AMOUNT
	Allen S. Renaud	Interest paid to pur-	\$ 49.88
	SS # [REDACTED]	chase Prior Service	
		credit in the Retirement	
		System for the period	
		5/1/79 to 11/23/79.	
		0Y 6M 2D	
	4085	Personal ck #2760, 3/28/83.	
		Drawn on [REDACTED]	

INITIALS	CODE (1-9)	RECEIPT ACCOUNT NO.	AMOUNT	APPROPRIATION ACCOUNT NO.	BUDGET CODE	CC	ACCTS. REC.
KP VER	2	85-623	\$ 49.88	8500-000	102		
AUDIT							
TREASURY TIME STAMP							

SIGNATURE-CONTROLLER
 X

DISTRIBUTION	
WHITE	— TREASURER
GREEN	— DEPARTMENT
PINK	— CONTROLLER
YELLOW	— DEPARTMENT

**STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS**

**TREASURY DEPARTMENT
STATE HOUSE PROVIDENCE**

TREASURY VOUCHER NO.

RECEIPTS TRANSMITTAL VOUCHER

A-26 REV 2/73

PREVIOUS VOUCHER DATE
03/31/83

DEPARTMENT
Treasury

DIVISION OR AGENCY
Municipal Empl. Retirement System

I CERTIFY THAT ALL MONIES RECEIVED FROM THIS SOURCE SINCE THE DATE OF THE PREVIOUS VOUCHER ARE ITEMIZED BELOW AND HERewith TRANSMITTED. THE AMOUNTS LISTED ARE TRUE AND CORRECT REMITTANCES AS RECEIVED.

SIGNATURE—DEPARTMENT HEAD OR AUTHORIZED AGENT
Carl M...

RHODE ISLAND GENERAL LAWS, 1956, AS AMENDED, SECTION 11-28-1: FAILURE TO PAY STATE FUNDS INTO TREASURY — EVERY OFFICER, OR OTHER PERSON, RECEIVING OR HAVING IN HIS HAND MONEY BELONGING TO THE STATE, WHICH MONEY SHOULD BE PAID INTO THE STATE TREASURY, SHALL PAY THE SAME TO THE GENERAL TREASURER WITHIN THIRTY (30) DAYS AFTER HE SHALL RECEIVE SUCH MONEY, UNLESS OTHERWISE PROVIDED BY LAW, AND EVERY PERSON WHO SHALL, WITHOUT JUST CAUSE, NEGLECT OR REFUSE TO PAY OVER SUCH MONEY, SHALL BE FINED NOT EXCEEDING FIVE HUNDRED DOLLARS (\$500) OR BE IMPRISONED NOT EXCEEDING FIVE (5) YEARS.

VOUCHER DATE
04/04/83

DEPARTMENT VOUCHER NO.
62

FUND
Municipal Empl. Retirement

TREASURY DEPT 1 4-11-83

SA 294.17

17689

RECEIPT/LICENSE NO.	RECEIVED FROM	DESCRIPTION	AMOUNT
	Allen S. Renaud	Full payment to purchase	294.17
	SS # [REDACTED]	Prior Service (probationary)	
		credit in the Retirement	
		System for the period	
		5/1/79 to 11/23/79.	
		of 68 2D	
	4085	Personal ck #2760, 3/28/83.	
		Dread on [REDACTED]	

INITIALS		CODE (1-9)	RECEIPT ACCOUNT NO.	AMOUNT	APPROPRIATION ACCOUNT NO.	BUDGET CODE	CC	ACCTS. REC.
RP	YER	2	85-607	\$ 294.17	8500-000	102		
AUDIT								
TREASURY TIME STAMP								

SIGNATURE-CONTROLLER
X

RETIREMENT REFUND VOUCHER

FORM A-12 RR

FOR USE IN DIVISION OF ACCOUNTS AND CONTROL

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DIVISION OF ACCOUNTS AND CONTROL
 DEPARTMENT OF ADMINISTRATION
 STATE HOUSE, PROVIDENCE, R. I.

VOUCHER NO.

- 1. WHITE-STATE CONTROLLER
- 2. PINK-DEPARTMENT
- 3. ORANGE-REMITTANCE COPY
- 4. GREEN-INITIATING COPY

DELIVERED TO: EMPLOYEES' RETIREMENT SYSTEM		ACCOUNT NO. 8430-000-893 <input type="checkbox"/>
LOCATION TO WHICH DELIVERED ROOM 101 - 198 DYER STREET, PROVIDENCE, 02903		7520-000-893 <input type="checkbox"/>
NAME AND ADDRESS OF PAYEE Allen S. Renaud [REDACTED] Woonsocket, R. I. 02895		8522 8522-000-893 <input checked="" type="checkbox"/>
WITHDRAWAL #		8450-000-893 <input type="checkbox"/>
SOC. SEC #		8460-000-893 <input type="checkbox"/>
REGISTRY #		8461-000-893 <input type="checkbox"/>
DATE OF TERMINATION		
DATE OF RETIREMENT	DATE OF DEATH	VOUCHER DATE April 15, 1983
DEPARTMENT	DIVISION	CITY OR TOWN #4085 Woonsocket Police
		SCHOOL DISTRICT

TYPE OF REFUND	AMOUNT
STATE EMPLOYEE RETIREMENT Account <input type="checkbox"/>	
MUNICIPAL EMPLOYEE RETIREMENT Account <input type="checkbox"/>	
MUNICIPAL EMPLOYEE RETIREMENT Account - Police & Fire <input checked="" type="checkbox"/>	\$4.00
TEACHER RETIREMENT Account <input type="checkbox"/>	
TEACHER SURVIVOR BENEFIT Account <input type="checkbox"/>	
INTEREST <input type="checkbox"/>	
TOTAL AMOUNT	\$ 4.00

REASON FOR REFUND:

- Resignation Dismissal Death Retirement Ineligible
 Overpayment Contribution taken in error X Other Overpayment on purchase

ACCOUNT NO. & BUDGET CODE	AMOUNT		CERTIFICATE		
8522-000-893	\$4.00		I hereby certify that the items and total listed above are proper charges against the State of Rhode Island.		
PRE-AUDIT	REVIEW	POSTED	DATE PAID	REGISTER NO.	RETIREMENT DIV. - AUTHORIZED SIGNATURE
TABULATED	VERIFIED				

44085

Municipal Employees' Retirement System of the State of Rhode Island

MEMBERSHIP APPLICATION

(This form is to be filled out in ink or typewritten.)

To constitute a permanent record of the Municipal Retirement System of the State of Rhode Island and to be used in establishing the rights, privileges and benefits of employees participating in the system. Please observe carefully the following instructions in completing this record.

INSTRUCTIONS: 1. All questions must be answered on this form. 2. State your full name. Do not use initials. 3. The information to be given in this form is strictly confidential and is for the use of the Retirement Board only.

1. Name ALLEN STEPHEN RENAUD Social Security No. [REDACTED]
(Type or Print Name in Full)

2. Home Address [REDACTED] WOONSOCKET RI 02895
Post Office Address Street City or Town State Zip

3. I hereby certify that I was born on 10/15/52 Age 29
Date of Birth

4. Check by (x) Sex Male () Female ()

5. Check by (x) Marital Status: Single () Married () Widowed () Divorced ()

6. Name of City or Town in which employed WOONSOCKET

7. Name of Department now employing you POLICE DEPT.

8. Title of Position Held PATROLMAN

9. (a) Amount of Annual Salary 16,004 (b) Hourly Rate 8.32
(c) Hours worked in regular pay period 37 1/2

10. Date you began your present continuous employment service with the City or Town 3/9/81

DESIGNATION OF BENEFICIARY

Read the following instructions before designating your beneficiary:

*INSTRUCTIONS: In nominating your beneficiary you must designate a person having an "Insurable Interest" in your life, such as wife, husband, child or parent, dependency or relationship by blood or marriage to you; or you may designate your estate, or a friend. If multiple heirs, please designate your estate.

If you wish to designate contingent beneficiaries, please request contingent form.

I the undersigned, do hereby designate [REDACTED]
*(Print Full Name of Beneficiary having an "Insurable Interest" in your life)

Whose date of birth is [REDACTED]
(Insert Date of Birth: Month, Day and Year)

Whose address is [REDACTED] WOONSOCKET RI 02895
(Give Address of Beneficiary: Street, City or Town and State)

And whose relation to me is my [REDACTED] as the beneficiary to whom I request the Retirement Board of the Municipal Employees' Retirement System of the State of Rhode Island to pay in the event of my death before retirement on pension, the total amount of the accumulated contributions standing to my credit in the retirement system, and my ordinary death benefit insurance, as provided by the Retirement Law.

(Signature of member) Allen Stephen Renaud
(First) (Middle or Maiden) (Last)

State of RHODE ISLAND County of PROVIDENCE

On the 29 day of JUNE, 1982, appeared before me the above-named applicant, to me personally known and known to be the individual described in and who executed the foregoing instrument, and he (or she) duly acknowledged to me that he (or she) executed the same and that the statements contained herein were true to the best of his (or her) knowledge and belief.

(Signature of Notary Public) Roland Jauray (If you have an official seal affix it)
(Notary Public)

My Commission expires on JUNE 30, 1986

NOTE: If you are over age 50, you must supply a copy of your Birth Certificate or other proof of age with this form.

Employees Retirement System of Rhode Island

40 Fountain Street

Providence, Rhode Island 02903-1854

Telephone: (401) 277-2203/ TDD 521-8970

Joann E. Flaminio, Executive Director

Dear ERSRI Member:

We have received your request to apply for a disability retirement from the Employees Retirement System of Rhode Island. In addition to an Application, you should have received a Statement of Applicant's Physician.

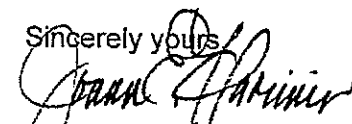
- _____ Disability Retirement Application (completed)
- _____ Statement of Applicant's Physician (completed)
- _____ Current Job Description
- _____ Birth Certificate
- _____ Official Accident or Injury Report (if you are applying for Accidental Disability)

All of the items above must be returned as soon as possible to: Disability Case Manager, Employees Retirement System of Rhode Island, 40 Fountain Street, Providence, Rhode Island 02903.

As soon as the application process is complete, you will receive notification regarding which doctors will be examining you in connection with your application.

Please read the additional information regarding disability retirement which is located on page two. Finally, should you like to meet with a member of our Retirement Counseling staff before you return your application, you may do so by contacting them at (401) 277-2203.

Sincerely yours,



Joann E. Flaminio
Executive Director

/ejf
11/93

Disability Retirement Information

Q. Am I eligible to apply for disability benefits? Check the chart below.

TYPE	WHO MAY APPLY	YEARS OF SERVICE	AGE REQUIREMENT
Ordinary	Active Member	5 Years/3 Consecutive	Any Age (can't be eligible to retire)
Accidental	Active Member	No Service Requirement	Under Age 65

Q. What is the legal standard for disability retirement ?

A. If you are applying for **Accidental Disability Retirement**, the applicant must show that he/she is physically or mentally incapacitated from the performance of his duties as the result of an accident that took place while the member was at work. It must also be shown that the alleged disability is not the result of willful negligence or misconduct on the part of the member, or the result of age or length of service.

If you are applying for **Ordinary Disability Retirement**, the applicant must show that he is physically or mentally incapacitated from the performance of his/her duties and should be retired.

Q. Should I resign my position if I plan on applying for disability retirement ?

A. No. In order to apply and go through the application process, you must be an active member. Thus, you should not resign or in any way terminate your status with your employer. Furthermore, should it be determined that you are fit and able to work, you do not want to lose whatever benefits that you have as a result of your present position and bargaining agreement.

Q. What happens after I am examined by the three physicians?

A. The three physicians who have examined you will submit written reports to the retirement system. These reports along with the rest of your application will be reviewed by the Disability Subcommittee of the Employees Retirement Board. After your application is reviewed, you will receive notification from this office. If your application is not approved, you may appeal your denial and appear before the Disability Subcommittee to answer additional questions or to submit whatever additional evidence you may have which supports your case.

Q. Is my disability taxable?

A. It is the opinion of the Employees Retirement System that ordinary disability payments are taxable by the federal government. Accidental disability retirements which are in lieu of worker's compensation are generally not taxable but any final determination as to taxable status will be made by the Internal Revenue Service. As a disability retiree, you will receive a yearly 1099R statement that will indicate the total amount of the disability pension. This information will be furnished to the IRS.

Q. Are there restrictions on what I may do and earn while on a disability pension?

A. Yes. You may be required once each year to undergo a medical examination to determine whether or not you are still disabled from employment. If you are capable of returning to work, the Retirement System has the authority to place you on appropriate lists for re-appointment. As a disability retiree, you are subject to earning restrictions and may not earn an amount that, when added to your disability pension, is greater than the amount of the current salary of the job from which you were originally retired.

CLASS TITLE: POLICE SERGEANT

CHARACTERISTICS OF THE CLASS: Under general supervision, serves as Desk Sergeant, Patrol Sergeant, Detective, or School Officer; and does related work as required.

EXAMPLES OF DUTIES: When assigned as Desk Sergeant, receives incoming calls from individuals with regard to complaints and gives information relative to the Police Department; refers calls to proper person or handles completely wherein possible; maintains log of calls and time sheet for Police Officers on duty. Dispatches cruisers on complaints. Receives traffic violation tickets and fines. Enters records of arrest and maintains Police docket. Serves in command of Uniform Division in the absence of the Captain and Lieutenant.

When assigned as Patrol Sergeant, directly supervises Police patrol and traffic activities and personnel on an assigned shift; inspects police officers and equipment at Roll Call; assigns police officers to beats or other duties; checks police officers in the performance of their duties and gives assistance when necessary; books and interviews prisoners and furnishes testimony in court.

When assigned as Detective Sergeant, investigates complaints of reported law violations; detects and arrests criminals, interrogates offenders and suspects; interviews witnesses; recovers stolen property; collects and preserves evidence; prepares comprehensive reports of investigations; investigates Sunday license applicants, attends court and gives testimony; serves on investigation assignments in assisting federal, state and county parole officers; and enforces all vice and moral laws.

When assigned as School Officer, investigates complaints involving juveniles; participates in activities to prevent juvenile delinquency; controls traffic conditions near schools and works with Junior Police.

In all cases, performs any of the duties described in the specifications for Police Officer.

MINIMUM QUALIFICATIONS

TRAINING AND EXPERIENCE: Graduation from high school or the equivalent as certified by the RI State Department of Education. Five (5) years of satisfactory service on the Woonsocket Police Department.

KNOWLEDGE, SKILL AND PERSONAL QUALITIES: Good knowledge of laws, ordinances, and department rules and regulations; good knowledge of police administration and techniques, with special knowledge of methods of criminal investigation and identification in the case of Detective Sergeants. Ability to keep detailed records and prepare complex reports; unusual ability to deal effectively and courteously with people; ability to instruct and direct Police Officers and maintain discipline; aptitude for police work; good memory; keen observation; emotional stability; good appearance and address; courage and good judgment.

JULY, 1988

He shall provide weekly examinations of the ammunition, belts, and holsters of assigned personnel, promptly correcting and reporting deficiencies to the Detective Division Commander.

He shall examine reports to ensure conformity with the procedure for complete investigation and reporting.

He shall make daily inspections during his duty to observe conditions, efficiency of operation and conformity with regulations and orders, and taking necessary corrective action.

He shall exercise general supervision and inspection of all public places within the city, and the laws, ordinances and regulations concerning their operation to be enforced.

He shall ensure prompt reporting to other agencies of any important matter falling within their jurisdiction.

He shall be alert to the need for improved techniques in platoon or unit operation and submit recommendations to the Detective Division Commander.

He shall avail himself of the resources and services of other department divisions and units to accomplish common objectives.

He shall thoroughly familiarize himself with conditions or problems requiring police attention.

He shall ensure civil treatment and protection of the rights of all persons within the scope of his authority.

He shall be accountable for the receipting and transporting of all evidence and property into police possession.

He shall supervise and direct subordinates in investigations and in effective case preparation.

He shall be alert to the development of groups of all kinds and provide for prompt establishment of controls, notification of superiors, and instruction and guidance of subordinates.

105.4. Duties of Detective-Lieutenants —

a. A lieutenant assigned to the Detective Division shall assume command of that division in the absence of his superior officer.

b. He shall actively direct and supervise the detective squads if any shall be assigned to his command and shall keep himself fully informed of all cases under investigation by said squads and he shall keep his commanding officer informed of the progress of all assigned cases.

c. He shall supervise subordinates in the proper techniques of criminal investigation and shall instruct them in the proper method of report-writing.

d. He shall ensure that proper arrest charges are placed against offenders; that cases are properly prepared for court or grand jury action and shall oversee the activities of detectives in the presentation of cases to the grand jury.

e. He shall perform whatever assignments his commanding officer may designate.

105.5. Duties of Detective-Sergeants —

a. A sergeant assigned to the Detective Division, if acting in the capacity of a squad leader, shall receive all assignments directed to his squad and shall distribute them equitably among the members of his squad and shall keep an accurate account of all assignments, clearances and supplementary reports thereof.

b. He shall divide his time among the members of his squad and shall assist them in their investigations, the placement of charges, and the preparation of cases for court and grand jury.

c. He shall keep his lieutenant informed of the progress of all matters assigned to his squad for investigation.

d. He shall require that members of his squad submit periodic supplementary reports reflecting the progress of the investigation and the status of all matters assigned to their attention.



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
Providence, RI
02903-1854

Tel: (401) 222-2203

TDD: (401) 521-8980

Fax: (401) 222-2430

E-mail: ersri@treasury.state.ri.us

Web Site:
[www.state.ri.us/
treas/ersri.htm](http://www.state.ri.us/treas/ersri.htm)

October 23, 1998

Mr. Allen Renaud

North Smithfield, RI 02896

RE: Notice of Denial

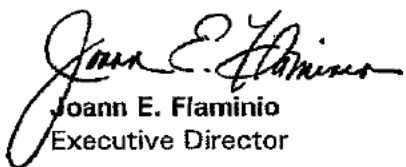
Dear Mr. Renaud:

Please be advised that at its meeting of October 22, 1998, the Retirement Board of the State of Rhode Island voted to deny your application for an Accidental Disability Pension.

The Retirement Board's decision was based on the recommendation of its Disability Subcommittee which, after review and discussion of the independent medical examinations, determined that you were not disabled from your job as a police sergeant with the city of Woonsocket.

You have the right to appeal this decision. If you choose to appeal, the appeal must be in writing and state the reasons for the appeal. Your appeal should be directed to my attention at the address shown above and received within 25 days of the date of this letter. You may have an attorney or other assistance with you at the hearing.

Sincerely,


Joann E. Flaminio
Executive Director

JEF:dsb

October 25, 1998

Allen S Renaud
[REDACTED]

North Smithfield, RI 02896

Employees Retirement System of RI
40 Fountain Street
Providence, R.I. 02903

To Whom It May Concern:

I am requesting my records from your independent medical examinations for my application for an Accidental Disability Pension.

I am also requesting any other material that was used to deny my application for disability.

Very truly your,

Allen S Renaud

Allen S Renaud

Copies sent to AS Renaud 10/26/98

1998 OCT 26 PM 12: 21

November 9, 1998

Ms. Joann E. Flaminio
Executive Director
Employees Retirement System
of Rhode Island
40 Fountain Street
Providence, RI 02903-1854

1998 NOV 10 AM 10:27

Re: Application for Accidental Disability Pension

Dear Ms. Flaminio:

This is to acknowledge receipt of your letter dated October 23, 1998 with respect to my application for an Accidental Disability Pension. I have reviewed the information, in concert with my attending physician(s), and they do not agree with the ruling of the Disability Subcommittee.

Consequently, I wish to hereby perfect my appeal of the Disability Subcommittee's decision because it is apparent that the medical information that was reviewed by certain doctors was incomplete and inadequate in their findings. Moreover, I wish to supplement the record before the Retirement Board with additional medical information which I am in the process of securing, that hopefully will resolve any misunderstanding or conflicting information that the Subcommittee utilized, and relied upon, in denying the Accidental Disability Pension. When those documents are ready I will make them available to you.

In closing, I wish to appeal the Board's decision, and look forward to a hearing, at which time appropriate information can and will be provided that will allow you to consider this application in a more favorable manner.

Sincerely,

Allen Renaud

Allen Renaud

Joyce A. Tessera
11/10/98
Retirement System



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
Providence, RI
02903-1854

December 2, 1998

Tel: (401) 222-2203

TDD: (401) 521-8980

Fax: (401) 222-2430

E-mail:

ersri@treasury.state.ri.us

Web Site:

[www.state.ri.us/
treas/ersri.htm](http://www.state.ri.us/treas/ersri.htm)

Mr. Alien Renaud

North Smithfield, RI 02896

RE: [REDACTED]

Dear Mr. Renaud:

The hearing you requested before the Disability Sub-Committee to appeal the denial of your application for an accidental disability pension has been scheduled for Friday, January 8, 1999 at 9:30 am.

The hearing will be held at the office of the Employees' Retirement System of Rhode Island, 40 Fountain Street, Providence, RI 02903. You may have an attorney or other assistance with you at the time of the hearing.

If there is additional information to be presented to the Sub-Committee, eight copies of the material should be received by this office no later than Wednesday, December 30, 1998

If you have any questions or are unable to appear at that time, please contact me at (401) 222-2203 ext. 220.

Sincerely,

Diane S. Bourne
Assistant Director - Member Services

THOMAS J. McANDREW
ATTORNEY AT LAW
1800 BankBoston Plaza
Providence, Rhode Island 02903

Tel: (401) 455-0350
(401) 272-4000

1998 DEC 24 AM 9:26
Fax: (401) 455-0882
(401) 421-4213

VIA FAX & REGULAR MAIL

December 23, 1998

Ms. Diane S. Bourne
Assistant Director - Member Services
Employees Retirement System
of Rhode Island
40 Fountain Street
Providence, RI 02903-1854

Re: Allen Renaud
No: [REDACTED]

Dear Ms. Bourne:

Kindly allow this letter to serve as my request that the hearing currently scheduled before the Disability Sub-Committee for Friday, January 8, 1999 at 9:30 A.M. be postponed until the first time the Board meets in February.

Thank you in advance for your anticipated cooperation in this matter.

Sincerely,



Thomas J. McAndrew

TJM/md

cc: Allen Renaud
[REDACTED]
North Smithfield, RI 02896



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
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treas/ersri.htm

January 8, 1999

Thomas J. McAndrew
Attorney at Law
1800 Bank Boston Plaza
Providence, RI 02903

RE: Allen Renaud
Accidental disability applicant

Dear Attorney McAndrew:

At your request, the hearing before the Disability Sub-Committee to appeal the denial of Allen Renaud's application for an accidental disability pension has been rescheduled for Monday, February 8, 1999 at 9:30 am.

The hearing will be held at the office of the Employees' Retirement System of Rhode Island, 40 Fountain Street, 1st floor, Providence, RI 02903. You may have an attorney or other assistance with you at the time of the hearing.

If there is additional information to be presented to the Sub-Committee, eight copies of the material should be received by this office no later than Friday, January 29, 1999.

If you have any questions or are unable to appear at that time, please contact me at (401) 222-2203 ext. 220.

Sincerely,

Diane S. Bourne
Assistant Director - Member Services

cc: Allen Renaud

THOMAS J. McANDREW
ATTORNEY AT LAW
1800 Hospital Trust Tower
Providence, Rhode Island 02903

Tel: (401) 455-0350
(401) 272-4000

1999 JAN 29 10:13 AM
Fax: (401) 455-0882
(401) 421-4213

VIA FAX & REGULAR MAIL

January 26, 1999

Ms. Diane S. Bourne
Assistant Director - Member Services
Employees Retirement System
of Rhode Island
40 Fountain Street
Providence, RI 02903-1854

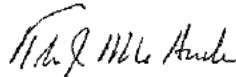
Re: Allen Renaud
No: [REDACTED]

Dear Ms. Bourne:

Kindly allow this letter to serve as my request that the hearing currently scheduled before the Disability Sub-Committee for Monday, February 8, 1999 at 9:30 A.M. be postponed as Mr. Renaud is undergoing continued treatment and medical care and, as such, the reports will not be available for the Board's consideration.

Thank you in advance for your anticipated cooperation in this matter.

Sincerely,



Thomas J. McAndrew

TJM/md

cc: Allen Renaud
[REDACTED]
North Smithfield, RI 02896



The Beacon

Mutual
Insurance Co.

1600 Division Road
W. Warwick R.I. 02893-7504
(401) 886-4400

February 4, 1999

Ms. Diane Bourne
Employees Retirement System of RI
40 Fountain St.
Providence, RI 02903

Re: Allen Renaud

Dear Ms. Bourne:

Please find attached a medical release signed by Mr. Renaud with regard to his alleged work-related disability. We are in the process of setting up an arbitrating exam for Mr. Renaud with regard to his disability status and need all pertinent medical documentation to forward to the arbitrating physician.

Please forward copies of the three medical reports of the exams that were performed by the Retirement Board's physicians which resulted in the denial of Mr. Renaud's claim for a disability pension. They can be sent to me at Beacon Mutual marked "Personal and Confidential". Thank you for your assistance.

Sincerely,

Wendy Papagolos
Municipal Accounts Representative

Copies sent 2/4/99



Woonsocket Police Department

242 Clinton Street • Woonsocket, Rhode Island 02895-3276
401-766-1212 • Fax 401-766-8897 • Emergency 401-769-1111

AUTHORIZATION FOR MEDICAL AND/OR HOSPITAL INFORMATION

TO: ALL
Physician or Medical Facility

Address

FOR: BEACON MUTUAL
Person authorized to receive

Woonsocket Police Department
242 Clinton St.
Woonsocket, RI 02895
401-766-1212 FAX 401-765-4922

This is to authorize my physician, hospital, medical attendant, or others to furnish to the Woonsocket Police Department any and all information or opinions which it may request regarding my physical condition and treatment rendered therefore and to allow them to see or copy any x-rays or records which you may have regarding my condition or treatment regarding my work related injury which occurred on 1/10/97, date of injury

A photostatic copy of this authorization shall act as the original.

Sgt. Allen S. Renaud 8/22/97
Injured Officer's Signature Date

James P. Muller 8/22/97
Witness Date



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
Providence, RI
02903-1854

Tel: (401) 222-2203

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Web Site:
[www.state.ri.us/
treas/ersri.htm](http://www.state.ri.us/treas/ersri.htm)

February 15, 1999

Thomas J. McAndrew
Attorney at Law
1800 Hospital Trust Tower
Providence, RI 02903

RE: Allen Renaud
[REDACTED]

Dear Attorney McAndrew:

At your request, the hearing scheduled before the Disability Sub-Committee at its February 8, 1999 meeting was postponed.

Please advise if you would like to reschedule the hearing for the next meeting scheduled for Friday, March 5, 1999.

You may send your reply in writing or contact me at 222-2203 ext. 220.

Sincerely,

Diane S. Bourne
Assistant Director – Member Services

cc: Allen Renaud



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
Providence, RI
02903-1854

Tel: (401) 222-2203

July 22, 1999

TDD: (401) 521-8980

Fax: (401) 222-2430

E-mail: Thomas J. McAndrew
ersri@treasury.state.ri.us Attorney at Law

Web Site: 1800 Hospital Trust Tower
www.state.ri.us/treas/ersri.htm
Providence, RI 02903

RE: Allen Renaud
Accidental disability applicant

Dear Mr. McAndrew:

At your request the hearing scheduled for February 8, 1999 before the Disability Sub-Committee to appeal the denial of Mr. Renaud's application for an accidental disability was postponed.

Please contact this office at your earliest convenience to reschedule the hearing. You may reply in writing or contact me at (401) 222-2203 ext. 220.

Sincerely,

Diane S. Bourne
Assistant Director - Member Services



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
Providence, RI
02903-1854

Tel: (401) 222-2203

September 7, 1999

TDD: (401) 521-8980

Fax: (401) 222-2430

E-mail: Thomas J. McAndrew, Esq.
ersri@treasury.state.ri.us Attorney at Law

Web Site: 1800 Hospital Trust Tower
[www.state.ri.us/
treas/ersri.htm](http://www.state.ri.us/treas/ersri.htm) Providence, RI 02903

RE: Allen Renaud
Accidental disability applicant

Dear Mr. McAndrew:

Since a considerable amount of time has passed since Mr. Renaud's application for an accidental disability retirement was denied and subsequent hearings postponed at your request, I am now scheduling a hearing before the Disability Sub-Committee at its October 8th meeting.

The hearing will be held at the office of the Employees' Retirement System of Rhode Island, 40 Fountain Street, 1st floor, Providence, RI 02903 on October 8, 1999 at 10:30 am.

If there is additional information to be presented to the Sub-Committee, ten (10) copies of the material should be received by this office no later than Tuesday, September 28, 1999.

If you have any questions, are unable to appear at that time or do not wish to continue with the appeal process, please contact me at (401) 222-2203 ext. 220.

Sincerely,

Diane S. Bourne
Assistant Director – Member Services

THOMAS J. McANDREW
ATTORNEY AT LAW
1800 BankBoston Plaza
Providence, Rhode Island 02903

Tel: (401) 455-0350
(401) 272-4000

Fax: (401) 455-0882
(401) 421-4213

September 20, 1999

Ms. Diane S. Bourne
Assistant Director - Member Services
Employees Retirement System
of Rhode Island
40 Fountain Street
Providence, RI 02903-1854

Re: Allen Renaud
No: [REDACTED]

1999 SEP 21 AM 10: 21
ERSRI

Dear Ms. Bourne:

This is to acknowledge receipt of your recent letter with respect to Mr. Allen Renaud's application for a disability pension that is pending before the Retirement Board.

A number of months ago, and specifically, April 4, 1999, Mr. Renaud, at the direction of his employer, the Town of Woonsocket, presented himself for a medical examination before [REDACTED]. Unfortunately, to date we have not received a report from the doctor with respect to that examination.

In addition, Mr. Renaud's condition has significantly, [REDACTED]. Those physicians that are currently treating Mr. Renaud include [REDACTED], who has scheduled Mr. Renaud's next appointment for October 22, 1999. Further, Mr. Renaud is being treated by [REDACTED], and his next appointment with [REDACTED] is not scheduled until September 29, 1999. Obviously, those medical reports regarding Mr. Renaud's condition are not available, and will not be available until some time after October 22, 1999.

Consequently, I would respectfully request that any further deliberations of the Retirement Board be held in abeyance until a full and comprehensive medical record is available to the Board for its review, and to ensure that it makes an appropriate and informed judgment with respect to Mr. Renaud's condition. As always, you can expect full cooperation from Mr. Renaud, and when the medical

performed by the member which resulted in the alleged disability and that the alleged disability was not the result of the willful negligence or misconduct on the part of the member, and was not the result of age or length of service, and that the member has not attained the age of sixty-five (65). The application shall be made within five (5) years of the alleged accident from the injury which has resulted in the member's present disability and shall be accompanied by an accident report and a physician's report certifying to the disability. If a medical examination made by three (3) physicians engaged by the retirement board, and other investigations as the board may make, shall confirm the statements made by the member, the board may grant the member an accidental disability retirement allowance

- (b) Any fire fighter, including one employed by the state, or a municipal firefighter employed by a municipality that participates in the optional retirement for police officers and fire fighters as provided in this chapter, who is unable to perform his or her duties in the fire department by reason of a disabling occupational cancer which develops or manifests itself during a period while the fire fighter is in the service of the department, and any retired member of the fire force of any city or town who develops occupational cancer, shall be entitled to receive an occupational cancer disability and he or she shall be entitled to all of the benefits provided for in this chapter, chapters 19, 19.1, and 21 of this title and chapter 10 of title 36 if the fire fighter is employed by the state.
- (c) "Occupational cancer", as used in this section, means a cancer arising out of employment as a fire fighter, due to injury due to exposures to smoke, fumes, or carcinogenic, poisonous, toxic, or chemical substances while in the performance of active duty in the fire department.

It was the opinion of the Sub-Committee that Mr. Renaud is not disabled and furthermore has not identified an incident as is required by Rhode Island General Law 45-2.2-9. Mr. Renaud is presently still receiving compensation from the Woonsocket Fire Department, but has not worked since 1997.

/ejf

cc: David D. Barricelli, *Board Counsel*
Diane S. Bourne, *Assistant Director – Member Services*

THOMAS J. McANDREW
ATTORNEY AT LAW
1800 BankBoston Plaza
Providence, Rhode Island 02903

ERSRI

2000 MAR -6 PM 3: 52

Tel: (401) 455-0350
(401) 272-4000

Fax: (401) 455-0882
(401) 421-4213

VIA MESSENGER

March 6, 2000

Ms. Joann E. Flaminio
Executive Director
Employees Retirement System
of Rhode Island
40 Fountain Street
Providence, RI 02903-1854

Re: Allen Renaud Accidental Disability Pension

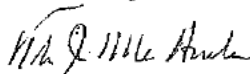
Dear Ms. Flaminio:

Please find enclosed herewith the most recent opinion of [REDACTED] who has treated Allen Renaud since January of 1997 for his accidental disability.

Consistent with two (2) of the IME's conducted at the behest of the Retirement Board from [REDACTED] Mr. Renaud's treating physician indicates that Mr. Renaud is no longer able to perform his duties of his particular job, and that the accidental disability is such as might be the natural and proximate result of an accident sustained in the performance of the applicant's duties.

I trust, therefore, that the enclosed will assist the Retirement Board in its deliberations with respect to the Accidental Disability Retirement Petition. In the event that there are further questions, or that you need additional information, please do not hesitate to contact me.

Sincerely,



Thomas J. McAndrew

TJM/md
Enclosure

cc: Allen Renaud



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
Providence, RI
02903-1854

Tel: (401) 222-2203

November 8, 1999

TDD: (401) 521-8980

Fax: (401) 222-2430

E-mail: ersri@treasury.state.ri.us Mr. Thomas J. McAndrew, Esq.
1800 BankBoston Plaza

Web Site: [www.state.ri.us/
treas/ersri.htm](http://www.state.ri.us/treas/ersri.htm) Providence, RI 02903

RE: Allen Renaud
[REDACTED]

Dear Mr. McAndrew:

In your letter of September 20, 1999 you indicated that medical reports regarding Mr. Renaud's condition would be available after October 22, 1999.

Based on this information, I have again rescheduled the hearing for Mr. Renaud for Friday, December 3, 1999 at 10:30 am.

The hearing will be held at the office of the Employees' Retirement System of Rhode Island, 40 Fountain Street, Providence, RI 02903.

If there is additional information to be presented to the Sub-Committee, ten (10) copies of this material should be received by this office no later than Wednesday, November 24, 1999.

If you have any questions, please do not hesitate to contact me at 401.222.2203 ext. 220.

Sincerely,

Diane S. Bourne
Assistant Director - Member Services

cc: Allen Renaud



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

RECEIVED
DEC 13 1999

BY:

40 Fountain Street
Providence, RI
02903-1854

Tel: (401) 222-2203

December 9, 1999

TDD: (401) 521-8980

Fax: (401) 222-2430

E-mail: ersri@treasury.state.ri.us

Mr. Allen Renaud

[REDACTED]

Web Site: [www.state.ri.us/
treas/ersri.htm](http://www.state.ri.us/treas/ersri.htm)

North Smithfield, RI 02896

RE: Notice of Denial

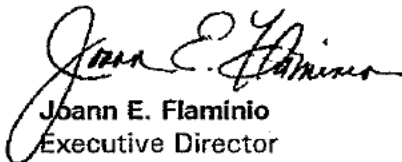
Dear Mr. Renaud:

Please be advised that at its meeting of December 8, 1999, the Retirement Board of the State of Rhode Island voted to reaffirm their original decision and deny your application for an Accidental Disability Pension.

The Retirement Board's decision was based on the recommendation of its Disability Subcommittee which, after review and discussion of the testimony and the additional documentation submitted, determined that you were not disabled from your job as a police sergeant with the city of Woonsocket and furthermore, that there was no identifiable incident as required by Rhode Island General Law 45-21.2-9.

You have the right to appeal this decision to the full Retirement Board. If you choose to appeal, the appeal must be in writing and state the reasons for the appeal. Your appeal should be directed to my attention at the address shown above and received within 30 days of the receipt of this letter.

Sincerely,


Joann E. Flaminio
Executive Director

JEF:dsb

cc: Thomas J. McAndrew, Esq.

THOMAS J. McANDREW
ATTORNEY AT LAW
1800 BankBoston Plaza
Providence, Rhode Island 02903

Tel: (401) 455-0350
(401) 272-4000

Fax: (401) 455-0882
(401) 421-4213

VIA FAX & REGULAR MAIL

January 7, 2000

Ms. Joann E. Flaminio
Executive Director
Employees Retirement System
of Rhode Island
40 Fountain Street
Providence, RI 02903-1854

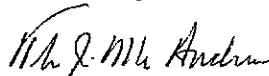
Re: Allen Renaud Accidental Disability Pension

Dear Ms. Flaminio:

Please consider this letter notification that Mr. Allen Renaud wishes to appeal the decision rendered by the Retirement Board's Disability Sub-Committee dated December 9, 1999, and received in this office on December 13, 1999.

We intend to file formal documents in support of this appeal, but wish by this document, to put you on notice of our intent to appeal.

Sincerely,



Thomas J. McAndrew

TJM/md

cc: Allen Renaud



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
Providence, RI
02903-1854

January 10, 2000

Tel: (401) 222-2203

TDD: (401) 521-8980

Fax: (401) 222-2430

E-mail:
ersri@treasury.state.ri.us

Web Site:
[www.state.ri.us/
treas/ersri.htm](http://www.state.ri.us/treas/ersri.htm)

Thomas J. McAndrew, Esq.
1800 BankBoston Plaza
Providence, Rhode Island 02903

RE: Allen Renaud, Accidental Disability

Dear Mr. McAndrew:

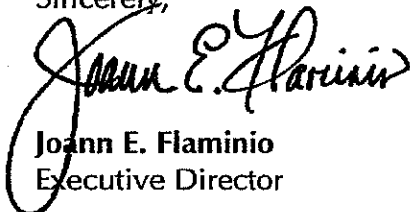
Per your request, a hearing for Allen Renaud before the full Retirement Board has been scheduled for the Wednesday, March 8th, 2000 meeting of the Employees' Retirement Board. The meeting will be held in the 8th Floor Conference Room, 40 Fountain Street, Providence, Rhode Island.

The hearings will commence at approximately 9:30 a.m. During your appeal you may present testimony or whatever additional evidence you may want to offer regarding your case. Your presentation should be brief.

If you are unable to attend this meeting please notify Virginia Pickering at 222-2203 as soon as possible.

Best wishes.

Sincerely,



Joann E. Flaminio
Executive Director

JEF:vlp

Enclosures

cc: David D. Barricelli; Hinckley, Allen & Snyder
Diane S. Bourne; Assistant Director – Member Services



Employees Retirement System of Rhode Island

Joann E. Flaminio, Executive Director

40 Fountain Street
Providence, RI
02903-1854

Tel: (401) 222-2203

TDD: (401) 521-8980

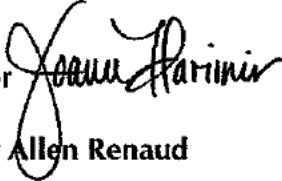
Fax: (401) 222-2430

E-mail:
ersri@treasury.state.ri.us

Web Site:
www.state.ri.us/
treas/ersri.htm

Memorandum

TO: Retirement Board Members

FROM: Joann E. Flaminio, Executive Director 

RE: Accidental Disability Application of Allen Renaud

DATE: February 29, 2000

Mr. Allen Renaud, a former Woonsocket police sergeant, is appealing the denial of his accidental disability application before the Disability Sub-Committee. Attorney Thomas J. McAndrew represents Mr. Renaud in this matter. Mr. Renaud applied for disability in March of 1998.

He is applying for an accidental disability application based on [REDACTED] [REDACTED] His injury report, dated, January 10, 1997, cites [REDACTED]

Mr. Renaud's application was originally denied at the October 1998 meeting of the Disability Sub-Committee. The Board then upheld that decision based upon a subsequent appeal to the Disability Sub-Committee in December of 1999.

The standard for decision, R.I.G.L. 45-21.2-9. Retirement for Accidental Disability provides the following:

- (a) Any member in active service, regardless of length of service, shall be entitled to an accidental disability retirement allowance. *Application for the allowance shall be made by the member or on the member's behalf, stating that the member is physically or mentally incapacitated for further service as the result of an injury sustained while in the performance of duty and certifying to the time, place, and conditions of the duty*

performed by the member which resulted in the alleged disability and that the alleged disability was not the result of the willful negligence or misconduct on the part of the member, and was not the result of age or length of service, and that the member has not attained the age of sixty-five (65). The application shall be made within five (5) years of the alleged accident from the injury which has resulted in the member's present disability and shall be accompanied by an accident report and a physician's report certifying to the disability. If a medical examination made by three (3) physicians engaged by the retirement board, and other investigations as the board may make, shall confirm the statements made by the member, the board may grant the member an accidental disability retirement allowance

- (b) Any fire fighter, including one employed by the state, or a municipal firefighter employed by a municipality that participates in the optional retirement for police officers and fire fighters as provided in this chapter, who is unable to perform his or her duties in the fire department by reason of a disabling occupational cancer which develops or manifests itself during a period while the fire fighter is in the service of the department, and any retired member of the fire force of any city or town who develops occupational cancer, shall be entitled to receive an occupational cancer disability and he or she shall be entitled to all of the benefits provided for in this chapter, chapters 19, 19.1, and 21 of this title and chapter 10 of title 36 if the fire fighter is employed by the state.
- (c) "Occupational cancer", as used in this section, means a cancer arising out of employment as a fire fighter, due to injury due to exposures to smoke, fumes, or carcinogenic, poisonous, toxic, or chemical substances while in the performance of active duty in the fire department.

It was the opinion of the Sub-Committee that Mr. Renaud is not disabled and furthermore has not identified an incident as is required by Rhode Island General Law 45-2.2-9. Mr. Renaud is presently still receiving compensation from the Woonsocket Fire Department, but has not worked since 1997.

/ejf

cc: David D. Barricelli, *Board Counsel*
Diane S. Bourne, *Assistant Director – Member Services*

THOMAS J. McANDREW
ATTORNEY AT LAW
1800 BankBoston Plaza
Providence, Rhode Island 02903

ERSRI

2000 MAR -6 PM 3: 52

Tel: (401) 455-0350
(401) 272-4000

Fax: (401) 455-0882
(401) 421-4213

VIA MESSENGER

March 6, 2000

Ms. Joann E. Flaminio
Executive Director
Employees Retirement System
of Rhode Island
40 Fountain Street
Providence, RI 02903-1854

Re: Allen Renaud Accidental Disability Pension

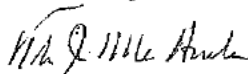
Dear Ms. Flaminio:

Please find enclosed herewith the most recent opinion of [REDACTED] who has treated Allen Renaud since January of 1997 for his accidental disability.

Consistent with two (2) of the IME's conducted at the behest of the Retirement Board from [REDACTED] Mr. Renaud's treating physician indicates that Mr. Renaud is no longer able to perform his duties of his particular job, and that the accidental disability is such as might be the natural and proximate result of an accident sustained in the performance of the applicant's duties.

I trust, therefore, that the enclosed will assist the Retirement Board in its deliberations with respect to the Accidental Disability Retirement Petition. In the event that there are further questions, or that you need additional information, please do not hesitate to contact me.

Sincerely,



Thomas J. McAndrew

TJM/md
Enclosure

cc: Allen Renaud

THOMAS J. McANDREW
ATTORNEY AT LAW
1800 BankBoston Plaza
Providence, Rhode Island 02903

ERSRI

2000 APR 14 PM 12:30

Tel: (401) 455-0350
(401) 272-4000

Fax: (401) 455-0882
(401) 421-4213

April 13, 2000

Clerk
Retirement Board
Employees Retirement System
of Rhode Island
40 Fountain Street
Providence, RI 02903-1854

Re: Allen Renaud
Vs: The Retirement Board of the Employees' Retirement System
of Rhode Island, a/k/a The State Employees' Retirement
Board
No: 00-1835

Dear Clerk:

Please be advised that this office represents Allen Renaud, who has filed an Administrative Appeal Complaint in the Providence County Superior Court.

Pursuant to the Superior Court Rules of Civil Procedure, service of the Administrative Appeal Complaint is being made upon you by certified mail, return receipt requested.

Sincerely,

Thomas J. McAndrew
(enc.)

Thomas J. McAndrew

TJM/md
Enclosure

CERTIFIED MAIL: P 265 112 075

cc: David D. Barricelli, Esq.
HINCKLEY, ALLEN & SNYDER
1500 Fleet Center
Providence, RI 02903
(CERTIFIED MAIL: P 265 112 074)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
PROVIDENCE COUNTY SUPERIOR COURT

ALLEN RENAUD

v.

THE RETIREMENT BOARD OF THE
EMPLOYEES' RETIREMENT SYSTEM
OF RHODE ISLAND a/k/a THE STATE
EMPLOYEES' RETIREMENT BOARD

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P.C.
No. 2020-1835

ADMINISTRATIVE APPEAL COMPLAINT

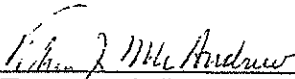
1. This is an administrative appeal brought pursuant to the provisions of R.I. GEN. LAWS § 42-35-15 and the provisions of R.I. GEN. LAWS §§ 45-21-1 *et seq.* and R.I. GEN. LAWS §§ 45-21.2-1 *et seq.* to secure judicial review of a decision of the Retirement Board of the Employees' Retirement System of Rhode Island, also known as the State Employees' Retirement Board [the board].
2. Allen Renaud is and has been an employee of the City of Woonsocket, Woonsocket Police Department. In that capacity, he is a member of the Municipal Employees' Retirement System of the State of Rhode Island.
3. The Municipal Employees' Retirement System of the State of Rhode Island is managed by the board, pursuant to R.I. GEN. LAWS § 45-21-32. System of Rhode Island.
4. Prior to March 13, 2000, Renaud filed with the board an application for an accidental disability retirement pension, as provided by R.I. GEN. LAWS § 45-21.2-9.
5. On March 13, 2000, the board issued a written final decision, denying Renaud's application.
6. Renaud is aggrieved by the decision of the board and brings this complaint pursuant R.I. GEN. LAWS § 42-35-15.
7. Renaud's substantial rights have been prejudiced because of findings, inferences and conclusions which in sum make up the board's decision, and which are:
 - a. in violation of constitutional or statutory provisions;
 - b. in excess of the statutory authority of the board;

- c. made upon unlawful procedure;
- d. affected by other error of law;
- e. clearly erroneous in view of the reliable, probative and substantial evidence of the whole record; or
- f. arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

WHEREFORE, Allen Renaud requests that this Court:

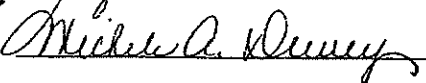
1. Review the record of the proceedings before the board;
2. Reverse the decision of the board;
3. Order the application granted; and
4. Make such Orders as it deems necessary and appropriate for an appropriate disposition of this matter.

By his attorney,


THOMAS J. MCANDREW (#1001)
1800 Bank Boston Plaza
Providence RI 02903
Tel: (401) 455-0350
Fax: (401) 455-0882

CERTIFICATION

On 4-13-00 a true copy of the foregoing was served on counsel of record, listed below, by Certified Mail, return receipt requested.



David D. Barricelli, Esq.
Hinckley, Allen & Snyder
1500 Fleet Center
Providence RI 02903

ATTORNEYS AT LAW

SHECHTMAN
HALPERIN
SAVAGE, LLP

A Limited Liability Partnership

Andrea M. Salvaggio
asalvaggio@shslawfirm.com

February 4, 2008

Providence County Superior Court
Attn: Civil Clerk
Licht Judicial Complex
250 Benefit Street
Providence, Rhode Island 02903

Re: ***Allen Renaud vs. Employees' Retirement System of Rhode Island***
C. A. No.: 00--1835

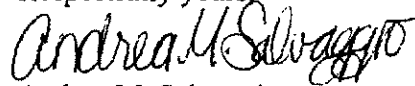
Dear Sir or Madam:

Enclosed herewith for filing in connection with the above-captioned matter please find an Entry and Withdrawal of Appearance on behalf of the Defendants.

Please docket, process, and file accordingly.

Please do not hesitate to contact me at our Rhode Island office should you have any questions or comments.

Respectfully yours,



Andrea M. Salvaggio
Paralegal

Enclosure

cc: William E. O'Gara, Esq.

352 Newbury Street
Boston, MA 02115
p 617.267.7000
f 617.267.7011

1080 Main Street
Pawtucket, RI 02860
p 401.272.1400
f 401.272.1403

One North Broadway, Suite 1004
White Plains, NY 10601
p 914.946.1888
f 914.946.1822

STATE OF RHODE ISLAND
PROVIDENCE, SC

SUPERIOR COURT

ALLEN RENAUD

Vs.

C.A. NO.: 00-1835

THE RETIREMENT BOARD OF
EMPLOYEES' RETIREMENT SYSTEM
OF RHODE ISLAND a/k/a THE STATE
EMPLOYEES RETIREMENT BOARD

ENTRY and WITHDRAWAL OF APPEARANCE ON BEHALF OF DEFENDANTS

Michael P. Robinson, Esquire, of 1080 Main Street, Pawtucket, RI 02860, hereby enters his appearance on behalf of the Defendants in the above-captioned action.

Simultaneously herewith, William E. O'Gara, and the law firm of Pannone Lopes & Devereaux, LLC hereby withdraw their appearance on behalf of the Defendants.

Please direct all future communication, on behalf of the Defendants, to Attorney

Michael Robinson at 1080 Main Street, Pawtucket, Rhode Island 02860.

APPEARANCE:



Michael P. Robinson, Esquire (# 6306)
Shechtman Halperin Savage, LLP
1080 Main Street
Pawtucket, RI 02860
(401) 272-1400 phone
(401) 272-1403 facsimile

Dated: ~~January~~ 4, 2008
Feb.

WITHDRAWAL



William E. O'Gara, Esquire (#5426)
Pannone Lopes & Devereaux, LLC
317 Iron Horse Way, Suite 301
Providence, RI 02908
(401) 824-5100 phone
(401) 824-5123 facsimile

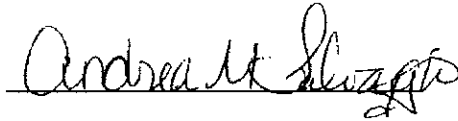
Dated: ~~January~~ 4, 2008
Feb

CERTIFICATION

I hereby certify that I caused to be mailed a true copy of the foregoing to all counsel of record by way of first class mail on this 4 day of ~~January~~^{Feb} 2008.

Frank Karpinski,
Executive Director
Employees Retirement System of RI
40 Fountain Street
Providence, RI 02903

Lori Caron Silveira, Esq.
Tillinghast, Licht, Perkins, Smith & Cohen, LLP
Ten Weybosset Street
Providence, RI 02903





CITY OF WOONSOCKET, RHODE ISLAND
OFFICE OF THE FINANCE DIRECTOR
FORWARD WOONSOCKET
"A CITY ON THE MOVE"

Municipal Employees Retirement System
40 Fountain Street
Providence, RI 02903

March 5, 2009

To Whom It May Concern::

The City of Woonsocket Police Pension files entered 7/07 and 10/08 were adjustments for retroactive pay for the following periods:

7/07 retro pay for 7/05 to 6/06 and 7/06 to 6/07
10/08 retro pay for 7/06 to 6/07, 7/07 to 6/08 and 7/08-9/26/08

As a result of pay increases being cumulative, the pay period July 2006 to June 2007 received an increase in July 2007 and an additional increase in October 2008 to bring the salary to the current rate as agreed upon in arbitration.

Sincerely,

Christine Chamberland
Christine Chamberland
City Controller