



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>29859</b>		2. Name of Corporation <b>The Rhode Island Environmental Police Officers Association, Inc.</b>			
3. State of Incorporation <b>R.I.</b>		4. Corporate address in Rhode Island - Street Address <b>P.O. Box 1933</b>		City <b>E. Greenwich</b>	Zip <b>02818</b>
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kevin Snow</b>			Vice President Name <b>Michael R. Schiprutt</b>		
Street Address <b>6 Florence St.</b>			Street Address <b>36 Ocean Ave.</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Secretary Name <b>Scott Bergemann</b>			Treasurer Name <b>Same as Sec.</b>		
Street Address <b>243 Tacklin Rd</b>			Street Address		
City <b>Chapatchet</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>Joseph Buban</b>			Director Name <b>Edward Cabral</b>		
Street Address <b>55 Arthur Ave.</b>			Street Address <b>61 Patterson Avenue</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Director Name <b>Sheila K Paquette</b>			Director Name		
Street Address <b>62 Stubble Brook Rd.</b>			Street Address		
City <b>W. Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City		
			Zip		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Scott F. Bergemann** 06-28-08  
Signature of Officer Date

**SCOTT F. BERGEMANN**  
Print or Type Name of Officer

**SECRETARY / TREASURER**  
Title of Officer

<b>FILED</b>	
File Date	<b>JUN 30 2008</b>
Check No.	<b>By 1029</b>
By:	
FOR SECRETARY OF STATE USE ONLY	