

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

HOPE				700	ጥ	
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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.	2. Name of Corporation	Police Office	's Safety As	sa Inc		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address RI 23 Teaser 1				Chepachet	- 028/4/	
5. Foreign corporation. Enter prin	ncipal office address	1	City	State	Zip	
6. Brief Description of the character Police Irc.	ining			Land to the State of the State	manumana a tura su kumpana kapasana ku s	
7. NAMES AND ADDRESSE. President Name Conc.	s of the officer	S: ("X" BOX FOR ATTACH	WENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Raph Mo2			
Street Address 23 Teabery Do			Street Address 64 East Cleveland ST			
Chenochet	Stake RT	028/4	Green Field	State MA	01301	
Secretary Name Jell Kenik			Treasurer Name Dayserg MoZ			
Street Address 33 teak	err Do		Street Address 64 E	Clevelekach)ST	
Chepachet	State RI	Zip 28/4/	Creen freld	State M H	Zip Ol 301	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 Doud Kenik			Director Name Ralph Mroz			
Street Address 23 Tegberry Dr			Street Address 64 Kast Cleveland ST			
Chechet	State	C28/4	City Green Aeld	State MA	0/30/	
Director Name			Director Name Bobora Mroz			
Street Address 23 Teaberry Dr			Street Address 64 Fast Cleve God St			
City Che packet	State	2ip 02814	City Creen held	State MA	2ip 0130/	
9. REGISTERED AGENT IN Agent Name	RHODE ISLAND	DO NOT ALTER - Chan	es require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Address			
Address 3 10-6	emic Dru	e _	City Chenchot	Zip	2814	

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 al
3:11	statements contained herein are true and correct.
File Date File ED	Signature of Officer Date
Check No. AUG 0 5 2008 // ///	Day O Kerik
By 0 10 10 10 1	Print or Type Name of Officer
FOR SECRETARY OF STATE SOLUTION	<u> Pres</u>
OK SECKOTAL STATE OF THE SECTION OF	Title of Officer Form 631 Rev. 03/07