



A. Ralph Mollis, Secretary of State

Providence, RI 02904-2615  
401.222.3040

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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>105628</b>		2. Name of Corporation <b>Rhode Island Law Enforcement Trainers Association</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>P.O. BOX 231</b>		City <b>HARRISVILLE</b>	Zip <b>02830</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>TO PROMOTE AND FOSTER MUTUAL COOPERATION RELATED TO TRAINING ENDEAVORS BETWEEN AND AMONG LAW ENFORCEMENT AGENCIES WITHIN THE STATE OF RI.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DENNIS C. LEAHEY</b>			Vice President Name <b>BRUCE MOREAU</b>		
Street Address <b>1477 VICTORY HWY.</b>			Street Address <b>121 ROOSEVELT AVE.</b>		
City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>PAWUCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>DAVID SCHNELL</b>			Treasurer Name <b>EDWARD McGRATH</b>		
Street Address <b>950 HIGH ST.</b>			Street Address <b>5 GARFIELD AVE.</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CRAFSTON</b>	State <b>RI</b>	Zip <b>02920</b>
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 <del>None</del> <b>DENNIS C. LEAHEY</b>			Director Name <del>None</del> <b>BRUCE MOREAU</b>		
Street Address <b>1477 VICTORY HWY</b>			Street Address <b>121 ROOSEVELT AVE.</b>		
City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>PAWCKET</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>DAVID SCHNELL</b>			Director Name <b>EDWARD McGRATH</b>		
Street Address <b>950 HIGH ST</b>			Street Address <b>5 GARFIELD AVE</b>		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>CRAFSTON</b>	State <b>RI</b>	Zip <b>02920</b>
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-14					
Agent Name <b>CHRISTINE CROCKER</b>			Address		
Address <b>1380 DIAMOND HILL ROAD</b>			City <b>CUMBERLAND</b>	Zip <b>02864</b>	

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



105628

**FILED**

File Date **JAN 13 2009**

Check No. **077899**

By **11:22**

FOR SECRETARY OF STATE USE ONLY

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.

**Dennis C. Leahy** 8-2-07  
Signature of Officer Date

**DENNIS C. LEAHEY**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

RECEIVED  
STATE DIV  
JAN 13 11:22