

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 30.9 401.2 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.

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1. Corporage ID.No. 2. Name of Corporation BARRINGTON LODGE No. 18 FRATERINAL ORDER OF POLICE	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address IOOFEDERAL ROAD	BARINGUN COSSOC
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 Isla	" TO CONTINUE THE OPERATION OF
BARRYNG TOW LODGE NO. 18 OF THE FRATERWAL ORDER OF PULLES AT 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 22	
President Name MARC PIMENTEL	Vice President Name TIMOTHY L. SERT
Street Address 100 FEVERAL RD	Street Address 100 FEDERAL PUAD
BARRINGTON RI COORSO 6	BARRINGTON STATE RI EN STATE
Secretary Name GINO CAPYTO	GIVO CAPUTO P A.
Street Address 100 FEDERAL RUAY	Street Address 100 FEDERAL RUAD
BARRANGTON SLINE RI 210 00806	BARRINGTON STATE RI COSO6
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	Director Name
MARC PEMENTEL	TIMOTHY L OSER
Street Address /W FEVERAL ROAD	Street Address 100 FEVERAL ROAD
BARRENCTON STATE RI 200 03806	CHYBARRINGTON STATE RI ZIP ON806
Director Name GINO CAPUTO	Director Name
Street Address 100 FEDERAL ROAD	Street Address
DARRIWGTON RI 210 03806 9. REGISTERED AGENT IN RHODE ISLAND	City State Zip Zip
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary. Treasurer, Receiver 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. File Date Officer Check No. FNO Print or Type Name of Officer B_{Y} STURETAR FOR SECRETARY OF STATE USE ONLY Title of Officer Form 631 Rev. 09/17