

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 20/0 ______ 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

penany jee oj \$25.00.					
1. Corporate ID No.	2. Name of Corporatio		 .	_	
68976	INDEPENDENT CONSTABLE ASSOCIATION, Inc.				
3. State of Incorporation		n Rbode Island - Street Addr		City	Zip
RI		<u>llwood Road</u>	, PO BOX 20204		02920
5. Foreign corporation. Enter p.	rincipal office address		City	State	Zip
NOT APPLICA	ABLE				
6. Brief Description of the charact	er of the affairs which are	actually conducted in Rhode	Island		
			CHARLES TO PILL IN CO.	CEC DEEADE HEING ATT	ACHMENTS
7. NAMES AND ADDRESS	SES OF THE OFFICE.	RS: ("X" BOX FOR AITA	•	CES BEFORE USING ALL	ACIIMEN 15
President Name JOHN V. ESPOSITO			Vice President Name KENNETH K. NORIGIAN		
			Street Address		
Street Address 951.AB. Ten Röd Road			32 Waterman Avenue		
	State	Zip	City	State	Zip
City	1	02788	IOHNSTON	R.T.	02919
EXETER	l R.I.	1 02700	Treasurer Name		1 07.71.7
Secretary Name					
KIMBERLY Dulude			THOMAS M. CLARKE Street Address		
Sireel Address 39 Forest Glenn Drive			80 Dellwood Road		
City	State	Zip	City	State	Zip
Hope Valley		02832	Cranston	R.I.	02920
8. NAMES AND ADDRESS	SES OF THE DIRECT	ORS: ("X" BOX FOR AT		ACES BEFORE USING AT	
				L NOT BE LESS THAN TH	
Director Name			Director Name		
JOHN V. ESPOSITO			THOMAS M. CLARKE		
Street Address			Street Address		
951 B Ten Rod Road			80 Dellwood Road, P.O. BOX 20204		
City ^r	State	Ζιρ	City	State	Zip
EXETER	R.I.	02788	Cranston	R.I.	02920
Director Name			Director Name		
KENNETH K. NORIGIAN			KENNETH R. R. NORIGIAN		
Street Address			Street Address		
32 Waterman Avenue			1845 Atwood Avenue		
City	State	Zip	City	State	7/ 0
JOHNSTON 9. REGISTERED AGENT	R.I.	02919	1 JOHNSTON	R.I.	l <u>0</u> 2919
		fice of the Sucretary of S	State Changes require filing	g of Form 641 - R.I.G.L. 7-6	
					
This report m	ust be signed by cith	er the President, Vice I	President, Secretary, Assis	tant Secretary, Treasurer, R	leceiver of ustee
					: ₹ <u>₹</u>

File Date __. By: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 puc and correct.

THOMAS M. CLARKE

Print or Type Name of Officer

TREASURER
Title of Officer