

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

401.222.3040

2011 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 sub-

penalty fee of \$25.00.	o-91, euch corporation	juning or rejusing to file to	unnuu report wumin ine time pres	intoeu by tuur (R.I.O.L. 7-1	5-717 is shojeti to a
1. Corporate ID No.	2. Name of Corporation				
68976	INDEPENDENT CONSTABLE ASSOCIATION, Inc.				
3. State of Incorporation		Rbode Island - Street Address		City	Zip
RI	80 Del	lwood Road,	PO BOX 20204, C:	ranston	02920
5. Foreign corporation. Enter principal office address			City	State	Zip
NOT APPLICABLE					,
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) [FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
JOHN V. ESPOSITO			KENNETH K. NORIGIAN		
Street Address			Street Adaress		
951 B. Ten Rod Road			32 Waterman Avenue		
Сиу	State	Zip	City	State	Zip
EXETER	R.I.	02788	JOHNSTON	R.T.	02919
Secretary Name			Treasurer Name		
KIMBERLY Dulude			THOMAS M CLARKE		
Street Address			Street Address		
39 Forest Glenn Drive			80 Dellwood Road		
City	State	Zip	Chy	State	Ζip
Hope Valley 8. NAMES AND ADDRESSES	RI of the director	02832 rs: <i>("x" box for attac</i>	Cranston CHMENT) FILL IN SPACES B	R.I. efore using attaci	02920
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		
JOHN V. ESPOSITO			THOMAS M. CLARKE		
			Street Address		
951 B Ten Rod Road			80 Dellwood Road, P.O. BOX 20204		
City:	State	Zip	Сйу	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 Istate	70	1845 Atwood	Avenue	T =
· ·		Zip	1	State	
JOHNSTON 9. registered agent in i	R.I. RHODE ISLAND	02919	JOHNSTON	R.I.	702919
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver of Trustee of Trustee					
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FILED File Date APR 18 2011 Check No. _ 142609 Bv:

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 corfect. nuture of Officer

THOMAS M. CLARKE

Print or Type Name of Officer

TREASURER
Title of Officer