

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

148 W. River Street
Providence, RI 02904-2615
401-222.3040

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.

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* 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. Corporate ID No. 358748	2. Name of Consoration North Smithfield Local 410 International Brotherhood of Police Officer							
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 575 Smithfield Rd North Smithfield RI			N.Smithfield 02896				
5. Foreign corporation. Enter principal office address			City	State	Ζip			
6. Brief Description of the character	r of the affairs which a	are actually conducted in Rhod	le Island	,				
7. NAMES AND ADDRESSE	S OF THE OFFIC	CERS: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SPACES	BEFORE USING AT	TACHMENTS			
President Name Russelle Ridge			Vice Pricing Noiette					
Street Address Smithfield Rd			Street Address 5 Smithfield Rd					
N Smithfield	State RI	^{Zip} 02896	N Smithfield	Suite RI	02896			
Secretury Name Sharon A Pagliarini			Treusurer Name					
Street Address 575 Smithfield Rd			Street Address					
N Smithfield	State RI	24p 02896	Cuy FIACHMENT) FILL IN SPACES	State	Zip			
DirectoRiffsell Ridge	OKS OF A DOMI	ESTIC (RHODE ISLANI	Director Name Director Name					
			Robert Nolette					
Street AddreS75 Smithfield RD			Street Address 575 S	Smithfield Rd				
City N Smithfield	State RI	^{Zip} 02896	CHN Smithfield	State RI	^{Zip} 02896			
Director Name Sharon A Pagliarini			Director Name					
Street Address 575 Smithfield RD			Street Address					
N Smithfield	State RI	^{Ζίρ} 02896	City	State	Zip			
9. REGISTERED AGENT IN RHODE ISLAND								
This information is currently	of record in the C	Office of the Secretary of	State. Changes require filing of Fo	orm 641 - R.I.G.L. 7-0	6-13/7-6-78			
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

7.4.	LILEN
Tile Date	JUN 2 0 2011 ,
Check No	120/

Under penalty of p	erjury.	I declare and affirm that	t I have examined this
report, including an	у ассоі	mpanying schedules and	statements, and that all
statements containe	d herei	n are true and correct.	
Show	A	Vagliani	6/14/2011
Signature of Officer		7	Date
5 h aron	A	Paghamii	
Print or Type Name of			
SAC +	74		
Title of Officer			