



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 26575		2. Exact name of the Corporation East Providence Lodge#1 Fraternal Order of Police			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 750 Waterman Ave		City East Providence	Zip 02914
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Fraternal Organization					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul Rodriques			Vice-President Name Brian Lundstrom		
Street Address 750 Waterman Ave			Street Address 750 Waterman Ave		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Michael Jones			Treasurer Name Jose Taveira		
Street Address 750 Waterman Ave			Street Address 750 Waterman Ave		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Paul Rodriques			Director Name Brian Lunstrom		
Street Address 750 Waterman Ave			Street Address 750 Waterman Ave		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Michael Jones			Director Name		
Street Address 750 Waterman Ave			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 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 true and correct.

Signature of Officer Jose Taveira Date 2-11-12
JOSE TAVEIRA
 Print or Type Name of Officer
Treasurer
 Title of Officer

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
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