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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. **111105**	2. Exact name of the Corporation **RI State Sheriff's FOP Lodge 24 Fraternal Order of Police**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Organization composed of Professional Law Enforcement Personnel from the RI Sheriff's Division and other Law Enforcement Officers who joined together for the common good of the people.**

5. Principal office address	City	State	Zip
P.O. Box 8176 or 670 New London Ave. Room # 1019	Cranston	RI	02920

President Name			Vice-President Name		
Gary Di Padua			Domenic Palazzo		
Street Address			Street Address		
P.O. Box 8176			1 Windy Hill Lane		
City	State	Zip	City	State	Zip
Cranston	RI	02920-0176	Coventry	RI	02816
Secretary Name			Treasurer Name		
Sheila O'Rourke			Sean O'Connell		
Street Address			Street Address		
12 Greenwood Ave.			116 Quannquet Rd.		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Westerly	RI	02891

Director Name			Director Name		
Gary Di Padua			Domenic Palazzo		
Street Address			Street Address		
P.O. Box 8176			1 Windy Hill Lane		
City	State	Zip	City	State	Zip
Cranston	RI	02920-0176	Coventry	RI	02816
Director Name			Director Name		
Sheila O'Rourke			Sean O'Connell		
Street Address			Street Address		
12 Greenwood Ave.			116 Quannquet Rd.		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Westerly	RI	02891

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

FILED

MAY 21 2012

By MNC

Ck # 1847

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.

Gary Di Padua — **5/18/2012**

Signature of Officer — Date

Gary Di Padua

Print or Type Name of Officer

President

Title of Officer

Form No. 631
Revised: 05/2012
78322-2-739657