



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.

SECRETARY OF STATE
 CORPORATIONS DIV
 MAY 21 PM 3:56

1. Entity ID No. 30180		2. Exact name of the Corporation R.I. Fraternal Order of Police Associates, State Lodge Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Law enforcement support group	
5. Principal office address 162 Scapa Flow Road		City Charlestown	State RI
		Zip 02813	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Christopher J. Lyskawa		Vice-President Name George Champlin	
Street Address 162 Scapa Flow Road		Street Address 58 Boombridge Road	
City Charlestown	State RI	Zip 02813	City Westerly
			State RI
			Zip 02891
Secretary Name Kevin Swanson		Treasurer Name Robert A. Rainville	
Street Address 174 Sage Trail		Street Address 58 Williams Street	
City North Kingstown	State RI	Zip 02852	City Woonsocket
			State RI
			Zip 02895
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Christopher J. Lyskawa		Director Name Robert A. Rainville	
Street Address 162 Scapa Flow Road		Street Address 58 Williams Street	
City Charlestown	State RI	Zip 02813	City Woonsocket
			State RI
			Zip 02895
Director Name Michael D. Gledhill		Director Name	
Street Address 211 Shore Acres Avenue		Street Address	
City North Kingstown	State RI	Zip 02852	City
			State
			Zip
8. 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: _____

FILED

MAY 21 2012

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.

Robert A. Rainville 5/21/2012
 Signature of Officer Date

Robert A. Rainville
 Print or Type Name of Officer

Treasurer
 Title of Officer

FOR SECRETARY OF STATE USE ONLY

BY *aw* 171013