RI SOS Filing Number: 201293749610 Date: 06/06/2012 4:00 PM

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.	2. Exact name of the Corporation		
26572	East Providence Lodge #1 Fraternal order of Police Associates		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	26 Sweet Briar Ave support local Police department & Charities		
5. Principal office address	City	State	Zip
PO Box 154413	Riverside	RI	02915

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
M. Pat Brooks	Patricia Wallace
Street Address: 26 Sweet Briar Ave	Street Address: 61 Locust St.
City: Riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915
Secretary Name: Fritz Petsch	**Treasurer Name:** Henry D. Rose
Street Address: 2 Marsh St.	Street Address: 106 Sweet Briar Ave
City: E. Providence State: RI Zip: 02914	City: Riverside State: RI Zip: 02915

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Ron Brady	Kenneth Vitullo
Street Address: 35 Bellmore Dr.	Street Address: 46 Canario Dr.
City: Pawtucket State: RI Zip: 029	City: Warren State: RI Zip:
Director Name: Robert Hill	**Director Name:**
Street Address: 68 Annawamscutt Rd.	Street Address:
City: Barrington State: RI Zip: 02806	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

2012 JUN -6 AM 11:45
SECRETARY OF STATE
CORPORATIONS DIV.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 06 2012
By _____

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.

Pat Brooks 5/21/12
Signature of Officer Date

M. Pat Brooks
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012

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