



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. 750262		2. Exact name of the Corporation Rhode Island Constables, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Training and education for Constables			
5. Principal office address 30 Bullocks Point Avenue		City East Providence		State RI	Zip 02915
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald Russo			Vice-President Name Ernie Legault		
Street Address 30 Bullocks Point Avenue			Street Address 64 Phillips Hill Road		
City East Providence	State RI	Zip 02915	City Coventry	State RI	Zip 02816
Secretary Name Dawn St. Martin			Treasurer Name Ronald Russo		
Street Address 64 Phillips Hill Road			Street Address 30 Bullocks Point Avenue		
City Coventry	State RI	Zip 02816	City East Providence	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) <input type="checkbox"/>					
Director Name Ronald Russo			Director Name Ernie Legault		
Street Address 30 Bullocks Point Avenue			Street Address 64 Phillips Hill Road		
City East Providence	State RI	Zip 02915	City Coventry	State RI	Zip 02816
Director Name John Lessard			Director Name		
Street Address 62 Douglas Street			Street Address		
City Cranston	State RI	Zip 02910	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: _____
FOR SECRETARY OF STATE USE ONLY
BY DS

FILED

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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.

Ronald Russo 11-6-12
Signature of Officer Date

Ronald Russo

Print or Type Name of Officer

President

Title of Officer