



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 **2013**

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. 307272		2. Exact name of the Corporation Washington County Fraternal Order of Police-Lodge #40 Charlestown, RI			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE AND FOSTER THE ENFORCEMENT OF LAW AND ORDER, TO IMPROVE PROFICIENCY OF OUR MEMBERS IN THE PERFORMANCE OF THEIR DUTIES AND SOCIAL, EDUCATIONAL AND CHARITABLE ACTIVITIES AMONG LAW			
5. Principal office address P.O. Box 360		City Charlestown	State RI	Zip 02813	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ryan Gwaltney			Vice-President Name Evan Speck		
Street Address 4901 Old Post Rd			Street Address 4901 Old Post Rd		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Ian Perkins			Treasurer Name Jamie Quattromani		
Street Address 4901 Old Post Rd			Street Address 4901 Old Post Rd		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 William Campbell			Director Name Scott Puckett		
Street Address 4901 Old Post Rd			Street Address 4901 Old Post Rd		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Patrick McMahon			Director Name		
Street Address 4901 Old Post Rd			Street Address		
City Charlestown	State RI	Zip 02813	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: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 04 2013
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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.

Signature of Officer Ian M. Perkins Date 06/01/13
 Print or Type Name of Officer **Ian M. Perkins**
 Title of Officer **Secretary-Lodge #40**