



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. 29819		2. Exact name of the Corporation Commissioned Police Officers Association of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To Promote The Good Welfare of It's Members			
5. Principal office address 17 Cedarwood Drive		City Riverside		State RI	Zip 02915-1808
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pasquale Sperlongano		Vice-President Name Charles J. Mulcahey			
Street Address 47 Highwood Drive		Street Address 184 Poor Farm Road			
City Coventry	State RI	Zip 02816-8213	City Coventry	State RI	Zip 02816-8935
Secretary Name Richard N. Silva		Treasurer Name Paul V. Valente			
Street Address 17 Cedarwood Drive		Street Address 2 Sakonnet Trail			
City Riverside	State RI	Zip 02915-1808	City Little Compton	State RI	Zip 02837-1629
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 Pasquale Sperlongano		Director Name Charles J. Mulcahey			
Street Address Same as Above		Street Address Same as Above			
City	State	Zip	City	State	Zip
Director Name Richard N. Silva		Director Name Paul V. Valente			
Street Address Same as Above		Street Address Same as Above			
City	State	Zip	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

FILED

JUN 17 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
06-11-2013
Date

Paul V. Valente

Print or Type Name of Officer

Treasurer

Title of Officer