



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 27515		2. Exact name of the Corporation Fraternal Order of Police , Middletown Lodge #21			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-Profit fraternal order			
5. Principal office address 1151 Aquidneck Ave		City Middletown		State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Fred Bodington			Vice-President Name Richard D Gamache		
Street Address 20 South of Commons			Street Address 123 Valley Rd		
City Little Compton	State RI	Zip 02837	City Middletown	State RI	Zip 02842
Secretary Name Frank N Campagna Jr			Treasurer Name Tomothy Beck		
Street Address 2 Wood Terrace			Street Address 123 Valley Rd		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 Fred Bodington			Director Name Timothy Beck		
Street Address 20 South of Commons			Street Address 123 Valley Rd		
City Little Compton	State RI	Zip 02837	City Middletown	State RI	Zip 02842
Director Name Richard D Gamache			Director Name		
Street Address 123 Valley Rd			Street Address		
City Middletown	State RI	Zip 02842	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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FILED

MAY 14 2014

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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 or Authorized Representative _____ Date **5/5/14**

Secretary Frank N Campagna Jr

Print or Type Name of Officer or Authorized Representative