

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.	2. Exact na	2. Exact name of the Corporation				
27511	Fraternal Order of Police, Cranston Lodge No. 20					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island Fraternal, Charitable					
Rhode Island						
5. Principal office address			City	State	Zip 02905-4036	
175 Armington St.			Cranston	R.I.	02905-4036	
B. LIST <u>ALL</u> OFFICERS (NA	MES AND ADDF	RESSES) ("X" BOX FOR				
President Name			Vice-President Name			
Vincent Dibiase			Roland Manchester			
Street Address			Street Address			
50 A St.			5 Oakwind Terr.			
City	State	Zip	City	State	Zip	
ranston	R.I.	02920	Cranston	R.I.	02905-4036	
Secretary Name			Treasurer Name			
James H. Brooks			Same as secretary			
Street Address			Street Address			
75 Armington St.						
City	State	Z īp	City	State	Z ip	
ranston	R.I.	02905-4036				
LIST ALL DIRECTORS (N ("X" BOX FOR ATTACHM irector Name	ENT)	PRESSES). RHODE ISLA	ND CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIRECTOR:	
Joseph Cicione			Robert Brown			
Street Address			Street Address			
53 Urbana St			70 Westhill Dr.			
ity	State	Zip	City	State	Zip	
ranston	R.I.	02920	Cranston	R.I.	02910	
irector Name			Director Name			
ohn Bell						
reet Address			Street Address			
88 Curtis St.			0.0007.1007.000			
ity	State	Zip	City	State	Zip	
ranston	R.I.	02920	J.,,	Oldie		
REGISTERED AGENT IN		ATATA				
		Office of the Course	-4 Ct-t- Ob	ine Farm 644		
			of State. Changes require fil			
	either the Preside	ent, Vice-President, Secre	tary, Assistant Secretary, Treas	surer, duly Authorized F	Representative, Receiver	
Trustee						
			Under penalty of positiv	ru I declare and affir	n that I have evenined	
File Date		FILED	this report, including a	der penalty of perjury, I declare and affirm that I have examined s report, including any accompanying schedules and statement d that all statements contained herein are,true and correct.		
Check No		JUN 0 4 2014	\cap		/	
_		JON U 4 2014	doma- de	Brook	5 G-2-	
Ву:	· · · · · · · · · · · · · · · · · · ·	1007	Signature of Officer or A	uthorized Representati	ive Date	
FOR SECRETARY OF STA	TE USE OBYY			Se	ive Date = CY/TREAS	
		•	James H. Brooks	Secy/Treas	.,.	
uma bla CO1						
orm No. 631		Print or Type Name of Officer or Authorized Representative				

Revised: 04/2014