



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. 27511		2. Exact name of the Corporation Fraternal Order of Police, Cranston Lodge No. 20			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Fraternal, Charitable			
5. Principal office address 175 Armington St.		City Cranston		State R.I.	Zip 02905-4036
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Vincent Dibiase			Vice-President Name Roland Manchester		
Street Address 50 A St.			Street Address 5 Oakwind Terr.		
City Cranston	State R.I.	Zip 02920	City Cranston	State R.I.	Zip 02905-4036
Secretary Name James H. Brooks			Treasurer Name Same as secretary		
Street Address 175 Armington St.			Street Address		
City Cranston	State R.I.	Zip 02905-4036	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Joseph Cicione			Director Name Robert Brown		
Street Address 53 Urbana St			Street Address 70 Westhill Dr.		
City Cranston	State R.I.	Zip 02920	City Cranston	State R.I.	Zip 02910
Director Name John Bell			Director Name		
Street Address 188 Curtis St.			Street Address		
City Cranston	State R.I.	Zip 02920	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

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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

James H. Brooks Secy/Treas

Print or Type Name of Officer or Authorized Representative