



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. 31867		2. Exact name of the Corporation Woonsocket Police Relief Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Providing Death and Sick Benefits for members			
5. Principal office address 242 Clinton Street		City Woonsocket	State RI	Zip 02895	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David A. Crepeau		Vice-President Name Timothy Paul			
Street Address 390 Dulude Avenue		Street Address PO Box 686			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Michael E. Richardson		Treasurer Name R. Bruce Maculan			
Street Address 60 Kennedy Street		Street Address 592 Mendon Road			
City Woonsocket	State RI	Zip 02895	City North Smithfield	State RI	Zip 02896
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 Robert Moreau		Director Name Brian J Kane			
Street Address 140 Hamilton Street		Street Address 123 Dawn Blvd			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Roger Biron Jr		Director Name			
Street Address 6 Monica Lane		Street Address			
City Blackstone	State MA	Zip 01504	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: _____

FOR SECRETARY OF STATE USE ONLY

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.

Michael E. Richardson 6/4/14
 Signature of Officer or Authorized Representative Date

MICHAEL E. RICHARDSON
 Print or Type Name of Officer or Authorized Representative