



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000788033

**2. Name of Corporation** E.P. Citizens Police Academy Alumni Associates

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 14520  
City or Town: EAST PROVIDENCE State: RI Zip: 02916 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO BRING TOGETHER THE GRADUATES OF THE EAST PROVIDENCE POLICE ACADEMY  
TO ENHANCE RELATIONS BETWEEN THE COMMUNITY AND THE POLICE  
DEPARTMENT THROUGH CONTINUING EDUCATION AND TO PROVIDE OTHER  
ASSISTANCE TO THE DEPARTMENT WHENEVER POSSIBLE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name	Address
PRESIDENT	MICHAEL GARY CONLON	89 NORTH BROADWAY RUMFORD, RI 02916 U.S

DIRECTOR	SCOTT ROSE	100 PRISCILLA AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	MICHAEL COALON	89 NORTH BROADWAY RUMFORD, RI 02916 USA
DIRECTOR	GINNY NUNES	120 SECOND STREET EAST PROVIDENCE, RI 02914 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DANIELLE B. PETSCH 127 DYER AVENUE RIVERSIDE , RI 02915

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 17 Day of July, 2014 at 8:50:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By MICHAEL CONLON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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