



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. 000484668		2. Exact name of the Corporation RHODE ISLAND Deputy SHERIFFS, FRATERNAL ORDER OF Police Lodge # 38	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Active + Retired Deputy SHERIFFS, A SOCIAL LAW ENFORCEMENT ORGANIZATION; MISSION: TO ASSIST NON PROFIT ENTITIES/CHARITABLE	
5. Principal office address P. O. Box 1383		City PROVIDENCE	State RI
		Zip 02901	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Timothy AGNEW		Vice-President Name Leroy Vieira	
Street Address 11 SUSAN Circle		Street Address 53 TEXAS Ave	
City JOHNSTON	State RI	City PROVIDENCE	State RI
Zip 02919		Zip 02904	
Secretary Name Stacey Fantini		Treasurer Name Jesse Perez	
Street Address 1 Duluth Avenue		Street Address 63 Thelma Ave.	
City Warrick	State RI	City North Providence	State RI
Zip 02889		Zip 02904	
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 PATRICK KEELEY		Director Name Timothy AGNEW	
Street Address 62 SHICKASHEEN WAY		Street Address 11 SUSAN Circle	
City SOUTH KINGSTOWN	State RI	City JOHNSTON	State RI
Zip 02892		Zip 02919	
Director Name Leroy Vieira		Director Name	
Street Address 53 TEXAS AVENUE		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02904		Zip	
8. REGISTERED AGENT IN RHODE ISLAND [REDACTED]			
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: _____

FILED

JUL 21 2014

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.

Timothy J. Agnew 7-18-2014
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY **KL 28819**
11:34

Timothy AGNEW
 Print or Type Name of Officer or Authorized Representative