



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 2015

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. 524177		2. Exact name of the Corporation Central Falls Fraternal Order of Police Lodge #2			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Bargaining agent for all full-time officers (excluding the chief) of the City of Central Falls			
5. Principal office address 160 Illinois Street		City Central Falls		State RI	Zip 02863
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher Reed		Vice-President Name Craig M. Viens			
Street Address 160 Illinois Street		Street Address 160 Illinois Street			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Sandy Robinson		Treasurer Name Joseph Tougas			
Street Address 160 Illinois Street		Street Address 160 Illinois Street			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
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 Christopher Reed		Director Name Craig M. Viens			
Street Address 160 Illinois Street		Street Address 160 Illinois Street			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Sandy Robinson		Director Name Joseph Tougas			
Street Address 160 Illinois Street		Street Address 160 Illinois Street			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
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
MAY 04 2015

BY **2/15**

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 **4/28/15**

Christopher Reed

Print or Type Name of Officer or Authorized Representative