RI SOS Filing Number: 201565661330 Date: 07/21/2015 12:10 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OfÀce 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 2013

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.	2. Exact name of the Corporation
121447	Fraternal order of Police Lodge 16 - Johnston
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: The Johnston FOP is committed to improving the working conditions of law enforcement officers and the safety of those who serve.

5. Principal ofÀce address	City	State	Zip
PO Box 19091	Johnston	RI	02919

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
David DeTora, Sr.	Carlo Jacavone
Street Address: 10 Charter Street	Street Address: Woodhaven Dr.
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919
Secretary Name	**Treasurer Name**
Ernest LaFazia	Brian Crum
Street Address: 4 Deer Run Trail	Street Address: 31 ½ Boswell Trail
City: Johnston State: RI Zip: 02919	City: Foster State: RI Zip: 02825

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
David DeTora, Sr.	Carlo Jacavone
Street Address: 10 Charter Street	Street Address: Woodhaven Dr.
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919
Director Name: Ernest LaFazia	Director Name:
Street Address: 4 Deer Run Trail	Street Address:
City: Johnston State: RI Zip: 02919	City: State: Zip:

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the OfÀce of the Secretary of State. Changes require Àling Form 641.

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SECRETARY OF STATE
CORPORATIONS DIV.

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

File Date _____ FILED

Check No _____ JUL 21 2015

By: _____

FOR SECRETARY OF STATE USE ONLY BY CK 253188

12:10

Under penalty of perjury, I declare and afÀrm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Sherry Ferdinandi, CPA 7/2/15
Signature of OfÀcer or Authorized Representative Date

SHERRY FERDINANDI CPA
Print or Type Name of OfÀcer or Authorized Representative

123237-4-1035033