



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 2011

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. <u>121447</u>		2. Exact name of the Corporation <u>Fraternal order of Police Lodge 16 - Johnston</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>The Johnston FOP is committed to improving the working conditions of law enforcement officers and the safety of those who serve.</u>			
5. Principal office address <u>PO Box 19091</u>		City <u>Johnston</u>		State <u>RI</u>	Zip <u>02919</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>David DeTora, Sr.</u>			Vice-President Name <u>Carlo Jacavone</u>		
Street Address <u>10 Charter Street</u>			Street Address <u>Woodhaven Dr.</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Secretary Name <u>Ernest LaFazia</u>			Treasurer Name <u>Brian Crum</u>		
Street Address <u>4 Deer Run Trail</u>			Street Address <u>31 1/2 Beswell Trail</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>David DeTora, Sr.</u>			Director Name <u>Carlo Jacavone</u>		
Street Address <u>10 Charter Street</u>			Street Address <u>Woodhaven Dr.</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
Director Name <u>Ernest LaFazia</u>			Director Name		
Street Address <u>4 Deer Run Trail</u>			Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JUL 21 2015

BY CU 253188

12:08

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

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

7/2/15

RECEIVED
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