



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: 2015

1. Corporate ID No. 000095203

2. Name of Corporation RHODE ISLAND STATE FOP FOUNDATION, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 95 TANNER AVENUE

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 27 MOY CT

City or Town: MIDDLETOWN State: RI Zip: 02842 Country:

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

RAISE FUNDS TO SUPPORT THE EFFORTS OF THE RI STATE FOP AND ITS MEMBERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ROB WINSOR	95 TANNER AVE WARWICK, RI 02886 USA
SECRETARY	CHRISTOPHER HAYES	95 TANNER AVE WARWICK , RI 02886 USA
DIRECTOR	COREY HUCK	95 TANNER AVE

		WARWICK, RI 02885 USA
DIRECTOR	ROBERT QUINN	95 TANNER AVE WARWICK, RI 02886 USA
DIRECTOR	JASON FARIAS	95 TANNER AVE WARWICK, RI 02886 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**

ROBERT P. QUINN 95 TANNER AVENUE WARWICK , RI 02886

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

Signed this 30 Day of November, 2015 at 2:45:09 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 CHRISTOPHER HAYES
Signature of Authorized Person

Form No. 631
Revised 09/07

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