

## 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.

Fiting Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

I Entity ID No	0.5					
1. Entity ID No.	2. Exact na	2. Exact name of the Corporation  COMMISSIONED POLICE OFFICERS ASSOCIATION OF RHODE ISLAND				
29819	COMM					
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	TO PR	TO PROMOTE THE GOOD WELFARE IF IT'S MEMBERS				
5. Principal office address 2 SAKONNET TRAIL			City LITTLE COMPTON	State <b>RI</b>	Zip <b>02837-1629</b>	
6. LIST <u>ALL</u> OFFICERS (NAM	MES AND ADDI	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name			Vice-President Name			
PASQUALE SPERLOGANO			CHARLES J. MULCAHEY			
Street Address 47 HIGHWOOD DRIVE			Street Address 184 POOR FARM ROAD			
City	State	Zip	City	State	Zip	
COVENTRY	RI	02816-8213	COVENTRY	RI	02816-8935	
Secretary Name WILLIAM J. KARALIS			Treasurer Name PAUL V. VALENTE			
Street Address 144 OSWALD STREET			Street Address 2 SAKONNET TRAIL			
City	State	Zip	City	State	Zip	
PAWTUCKET	RI	02861	LITTLE COMPTON	RI	02837-1629	
7. LIST <u>ALL</u> DIRECTORS (NA ("X" BOX FOR ATTACHME	MES AND ADD	PRESSES). RHODE ISLAN	ID CORPORATIONS MUST LIST I	NO LESS THAN	<u>No</u> -	
Director Name PASQUALE SPERLONGANO			CHARLES J. MULCAHEY			
Street Address 47 HIGHWOOD DRIVE			Street Address 184 POOR FARM ROAD 20 ART			
City	State	Zip	City	State	7	
COVENTRY	RI	02816-8213	COVENTRY	RI	<b>2</b> 281€803€	
Director Name WILLIAM J. KARALIS			Director Name PAUL V. VALENTE			
Street Address 144 OSWALD STREET			Street Address 2 SAKONNET TRAIL			
City	State	Zip	City	State	Zip	
PAWTUCKET	RI	02861	LITTLE COMPTON	RI	02837-1629	
8. REGISTERED AGENT IN R	HODE ISLAND					
			of State. Changes require filing Fo			
This report must be signed by e or Trustee	ither the Preside	ent, Vice-President, Secreta	ary, Assistant Secretary, Treasurer, c	luly Authorized i	Representative, Receiver	
			Under penalty of perjury, I de			
File Date			this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			

By:

FILED Signature of Officer or Authorized Representative

FEB **2 9** 2016

PAUL V. VALENTE - TREASURER

Form No. 631 Revised: 04/2014 Print or Type Name of Officer or Authorized Representative