



**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 **2016**

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. <b>000720196</b>		2. Exact name of the Corporation <b>THE RHODE ISLAND LAW ENFORCEMENT MEMORIAL BENEFIT FUND</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO HONOR AND PREPETUATE THE MEMORY OF LAW ENFORCEMENT PERSONNEL KILLED</b>			
5. Principal office address <b>15 MESSENGER DRIVE</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>JAMES MCGUINNESS-ROSSI</b>			Vice-President Name <b>MICHAEL PATRICK CLANCY</b>		
Street Address <b>65 NORMAN DRIVE</b>			Street Address <b>17 BRADY STREET</b>		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name			Treasurer Name <b>THERESA C MURRAY</b>		
Street Address			Street Address <b>165 CANONICUS ST</b>		
City	State	Zip	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
<b>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"/></b>					
Director Name <b>DANIEL HERNANDEZ</b>			Director Name <b>JAMES MCGUINNESS-ROSSI</b>		
Street Address <b>18 HIGH ST</b>			Street Address <b>65 NORMAN DRIVE</b>		
City <b>ASHAWAY</b>	State <b>RI</b>	Zip <b>02804</b>	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
Director Name <b>MICHAEL PATRICK CLANCY</b>			Director Name		
Street Address <b>17 BRADY ST</b>			Street Address		
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02804</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**

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.

**FILED**  
 MAR 18 2016

Signature of Officer or Authorized Representative \_\_\_\_\_ Date **3-16-16**  
 Print or Type Name of Officer or Authorized Representative \_\_\_\_\_

By 270385

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 CORPORATIONS DIV  
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