



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>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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>
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"/>					
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
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

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