



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: 2016

1. Corporate ID No. 000084096

2. Name of Corporation AQUIDNECK ISLAND POLICE PARADE COMMITTEE, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 120 BROADWAY  
P.O. BOX 3899

City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

CONDUCTING A POLICE PARADE DURING NATIONAL POLICE WEEK OF EACH YEAR IN NEWPORT COUNTY.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	GWENDOLYN P GEORGE	14 FRIENDSHIP ST NEWPORT, RI 02840 US
DIRECTOR	RICHARD GAMACHE	123 VALLEY RD

		MIDDLETOWN, RI 02842 USA
DIRECTOR	SUSAN LOGAN	88A SEASCAPE AV MIDDLETOWN, RI 02842 USA
DIRECTOR	CHRISTOPEHR LOGAN	1 CONTINENTAL DR MIDDLETOWN, RI 02842 USA
PRESIDENT	COREY HUCK	90 RUSTIC ROAD SOMERSET, MA 02726- USA
DIRECTOR	JACOB SILVIA	2200 EAST MAIN ROAD PORTSMOUTH, RI 02871 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**

COREY HUCK 120 BROADWAY P.O. BOX 3899 NEWPORT , RI 02840

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

**Signed this 12 Day of May, 2016 at 7:30:53 AM 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 GWENDOLYN GEORGE  
Signature of Authorized Person

Form No. 631  
Revised 09/07