



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. 000068976

2. Name of Corporation Independent Constable Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 20204

City or Town: CRANSTON

State: RI

Zip: 02920

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

FOR THE BETTERMENT AND EDUCATION OF 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	KENNETH K NORIGIAN	1845 ATWOOD AVENUE JOHNSTON, RI 02919 USA
TREASURER	KIMBERLY DULUDE	PO BOX 730 HOPE VALLEY, RI 02832 USA
SECRETARY	MELISSA GRYLLS	2970 MENDON ROAD

		CUMBERLAND`, RI 02864 USA
VICE PRESIDENT	FRANK CATAMERO	1408 ATWOOD AVE JOHNSTON, RI 02919 USA
DIRECTOR	KENNETH K NORIGIAN	1845 ATWOOD AVE. JOHNSTON, RI 02919 USA
DIRECTOR	KIMBERLY DULUDE	PO BOX 730 HOPE VALLEY, RI 02833 USA
DIRECTOR	FRANK CATAMERO	1408 ATWOOD AVE JOHNSTON, RI 02919 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

KENNETH K. NORIGIAN 1845 ATWOOD AVENUE JOHNSTON , RI 02919

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

Signed this 27 Day of May, 2016 at 9:46:17 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 MELISSA GRYLLES
Signature of Authorized Person

Form No. 631
Revised 09/07

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