



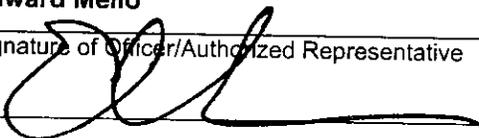
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

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

1. Entity ID Number		2. Exact name of the Corporation	
30638		Rhode Island Police Chiefs Association Inc	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI		Non-profit charitable-professional association	
5. Principal Office Address		City	State
250 Conanicus Avenue		Jamestown	RI
		Zip	02835
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Hugh Clements		Vice-President Name Dean Hoxsie	
Street Address 325 Washington Street		Street Address 235 Promonade Street	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02908
Secretary Name Richard Silva		Treasurer Name Edward Mello	
Street Address 1162 Main Street		Street Address 250 Conanicus Ave	
City West Warwick	State RI	Zip 02893	City Jamestown
			State RI
			Zip 02835
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Brian Sullivan		Director Name James Mendonca	
Street Address 100 Old River Road		Street Address 160 Illinois Street	
City Lincoln	State RI	Zip 02865	City Central Falls
			State RI
			Zip 02863
Director Name William Devine		Director Name	
Street Address 150 South Main St		Street Address	
City Providence	State RI	Zip 02903	City
			State
			Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
Edward Mello			5/16/2016
Signature of Officer/Authorized Representative			
			
SIGN DOCUMENT HERE			

FILED
JUN 06 2016
BY 1933 DS