

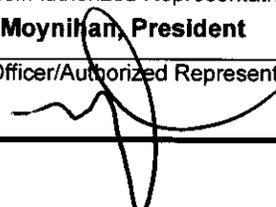


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 100331		2. Exact name of the Corporation Rhode Island State Police Museum Foundation, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Honor service of members of the RI State Police and preserve its history.			
5. Principal Office Address 311 Danielson Pike		City North Scituate	State RI	Zip 02857	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew C. Moynihan			Vice-President Name Daniel S. O'Neil		
Street Address 311 Danielson Pike			Street Address 311 Danielson Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Barbara J. Laird			Treasurer Name Lori A. Tellier		
Street Address 311 Danielson Pike			Street Address 311 Danielson Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Justin Andreozzi			Director Name Jared Andrews		
Street Address 311 Danielson Pike			Street Address 311 Danielson Pike		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Director Name James Beck			Director Name Kenneth Bowman		
Street Address 83 Winterberry Road			Street Address 10 Barnacle Drive		
City Saunderstown	State RI	Zip 02874	City Wakefield	State RI	Zip 02879
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 Matthew C. Moynihan, President				Date 06/14/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED *or*
JUN 20 2016

BY 1300

7. Continuation Sheet for Rhode Island State Police Museum Foundation
Entity ID No.: 100331

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