



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 <b>1056041</b>		2. Exact name of the Corporation <b>THE RHODE ISLAND RETIRED DEPUTY SHERIFFS ASSOCIATION</b>	
3. State of Incorporation <b>02/05/2015</b>		4. Brief description of the character of business conducted in Rhode Island <b>DOMESTIC NON PROFIT- SOCIAL ORGANIZATION</b>	
5. Principal Office Address <b>551 LAUREL HILL AVE</b>		City <b>CRAVSTON</b>	State <b>RI</b>
		Zip <b>02920</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>VACANT</b>		Vice-President Name <b>WILLIAM J. MENARD JR</b>	
Street Address <b>ELECTION - SEPT 2016</b>		Street Address <b>5 WAKE ROBIN ROAD #2004</b>	
City	State	City	State
		<b>LINCOLN</b>	<b>RI</b>
Secretary Name <b>GERALD NEUSHAM</b>		Treasurer Name <b>GERALD NEUSHAM</b>	
Street Address <b>551 LAUREL HILL AVE</b>		Street Address	
City	State	City	State
<b>CRAVSTON</b>	<b>RI</b>		
Zip <b>02920</b>		Zip	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>EDWARD GLORIA</b>		Director Name <b>GARY LOWENGAN</b>	
Street Address <b>405 CAMP DIXIE ROAD</b>		Street Address <b>396 CHADMAN'S AVE</b>	
City	State	City	State
<b>PASCOAG</b>	<b>RI</b>	<b>WARWICK</b>	<b>RI</b>
Zip <b>02859</b>		Zip <b>02886</b>	
Director Name <b>CARMINE VALETTI</b>		Director Name	
Street Address <b>5 PRISCILLA DRIVE</b>		Street Address	
City	State	City	State
<b>CRAVSTON</b>	<b>RI</b>		
Zip <b>02921</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>GERALD J. NEUSHAM</b>			Date <b>7/30/16</b>
Signature of Officer/Authorized Representative <i>Gerald J. Neusham</i>			

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**MAIL TO:**  
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