



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 1056041 | | 2. Exact name of the Corporation THE RHODE ISLAND RETIRED DEPUTY SHERIFFS ASSOCIATION | |
| 3. State of Incorporation 02/05/2015 | | 4. Brief description of the character of business conducted in Rhode Island DOMESTIC NON PROFIT- SOCIAL ORGANIZATION | |
| 5. Principal Office Address 551 LAVER HILL AVE | | City CRAVSTON | State RI |
| | | Zip 02920 | |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name VACANT | | Vice-President Name WILLIAM J. MENARD JR | |
| Street Address ELECTION - SEPT 2016 | | Street Address 5 WAKE ROBIN ROAD #2004 | |
| City | State | City LINCOLN | State RI |
| Secretary Name GERALD NEUSHAM | | Treasurer Name GERALD NEUSHAM | |
| Street Address 551 LAVER HILL AVE | | Street Address | |
| City CRAVSTON | State RI | City | State |
| Zip 02920 | | Zip | |
| 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 EDWARD GLORIA | | Director Name GARY LOWENGAN | |
| Street Address 405 CAMP DIXIE ROAD | | Street Address 396 CHADMAN'S AVE | |
| City PASCOAG | State RI | City WARWICK | State RI |
| Zip 02859 | | Zip 02886 | |
| Director Name CARMINE VALETTI | | Director Name | |
| Street Address 5 PRISCILLA DRIVE | | Street Address | |
| City CRAVSTON | State RI | City | State |
| Zip 02921 | | 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. | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | |
| Name of Officer/Authorized Representative GERALD J. NEUSHAM | | | Date 7/30/16 |
| Signature of Officer/Authorized Representative <i>Gerald J. Neusham</i> | | | |

FILED *2*

AUG 03 2016

BY 105

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