RI SOS Filing Number: 201743316470 Date: 5/18/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 **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	2. Exact name of the Corporation					
279321	International i	International Police Square & Compass Club, Inc. Rhode Island Chapter 1				
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To provide the mutual assistance, enjoyment, education, and social benefit of its members, to promote Masonic Brotherhood and Charity. To develop a franteral spirit among Masons, Law Enforcement and the General Public.					
5. Principal Office Address			City	State	Zip	
761 Nooseneck Hill Road			West Greenwich	RI	02817	
6. List ALL officers (names and ad	ldresses)		C	heck the box to indicat	e an attachment	
President Name Bradford L. Barco			Vice-President Name Raymond W. Cahoon, Jr.			
Street Address 761 Nooseneck Hill Road			Street Address 50 Hendricken Court			
City West Greenwich	State RI	Zip 02817	City Warwick	State RI	Zip 02889	
Secretary Name Richard S. Sokoli			Treasurer Name John C. Beebe, III			
Street Address 50 Regal Way			Street Address 10 Kerins Terrace			
City Cranston	State RI	Zip 02921	City Newport	State RI	Zip 02840	
7. List ALL directors (names and a	ddresses). RI Co	rporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
Director Name Bradford L. Barco			Director Name Raymond W. Cahoon, Jr.			
Street Address 761 Nooseneck Hill Road			Street Address 50 Hendricken Court			
City West Greenwich	State RI	Zip 02817	City Warwick,	State RI	Zip 02889	
Director Name Richard S. Sokoll			Director Name John C. Beebe, III			
Street Address 50 Regai Way			Street Address 10 Kerins Terrace			
City Cranston	State RI	Zip 02921	City Newport	State RI	Zip 02840	
8. Registered Agent in Rhode Islar	nd. This information	is currently of reco	ord in the Department of State. Char	nges require filing Form 6	41.	
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	lules and	
This report must be signed by either the Pre-				presentative, Receiver or Th.	istee.	
Name of Officer/Authorized Representative				Date		
Bradford L. Barco, President			5/12/2017			
Signature of Officer/Authorized Rep	Presentative		**************************************	•		
<u> </u>	2000		EUFN			
AJL TO:		···	- FILED			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAY 1 8 2017

FORM 631 - Revised: 02/2017