



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.

2017 MAY 12 AM 10:20  
R.I. DEPT. OF STATE  
BUS. SERVICES DIV.

|  |                 |  |   |                    |                     |
|--|-----------------|--|---|--------------------|---------------------|
| 1. Entity ID Number<br><b>000720196</b>  |                 | 2. Exact name of the Corporation<br><b>THE RHODE ISLAND LAW ENFORCEMENT MEMORIAL BENEFIT FUND</b>  |   |                    |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO HONOR AND PREPETUATE THE MEMORY OF LAW ENFORCEMENT PERSONNEL KILLED</b> |   |                    |                     |
| 5. Principal Office Address<br><b>15 MESSENGER DRIVE</b>   |                 | City<br><b>WARWICK</b>   |   | State<br><b>RI</b> | Zip<br><b>02888</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>JAMES MCGUINNESS-ROSSI</b>   |                 |  | Vice-President Name <b>MICHAEL PATRICK CLANCY</b> |                    |                     |
| Street Address <b>65 NORMAN DRIVE</b>  |                 |  | Street Address <b>17 BRADY STREET</b>             |                    |                     |
| City <b>TIVETON</b>  | State <b>RI</b> | Zip <b>02878</b>   | City <b>WARREN</b>                                | State <b>RI</b>    | Zip <b>02885</b>    |
| Secretary Name   |                 |  | Treasurer Name <b>THERESA C MURRAY</b>            |                    |                     |
| Street Address   |                 |  | Street Address <b>165 CANONICUS ST</b>            |                    |                     |
| City   | State           | Zip  | City <b>TIVERTON</b>                              | State <b>RI</b>    | Zip <b>02878</b>    |
| 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>DANIEL HERNANDEZ</b>  |                 |  | Director Name <b>JAMES MCGUINNESS-ROSSI</b>       |                    |                     |
| Street Address <b>18 HIGH ST</b>   |                 |  | Street Address <b>65 NORMAN DRIVE</b>             |                    |                     |
| City <b>ASHAWAY</b>  | State <b>RI</b> | Zip <b>02804</b>   | City <b>TIVERTON</b>                              | State <b>RI</b>    | Zip <b>02878</b>    |
| Director Name <b>MICHAEL PATRICK CLANCY</b>  |                 |  | Director Name                                     |                    |                     |
| Street Address <b>17 BRADY ST</b>  |                 |  | Street Address                                    |                    |                     |
| City <b>WARREN</b>   | State <b>RI</b> | Zip <b>02804</b>   | 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.  |                 |  |   |                    |                     |
| <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>        |                 |  |   |                    |                     |
| <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  |                 |  |   |                    | Date <b>4/11/17</b> |
| Signature of Officer/Authorized Representative   |                 |  |   |                    |                     |

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
**MAY 22 2017**  
**BY 304253**