



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

R.I. DEPT. OF STATE
 BUSINESS DIVISION

2017 JUN -1 PM 1:15

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 93301		2. Exact name of the Corporation International Brotherhood of Police Officers local 569 (IBPO)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Bargaining contract for unionized police officers			
4. NAICS Code 813930 - Labor Unions and :					
6. Principal Office Address 750 Waterman Ave			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin M Feeney			Vice-President Name Darren Ellinwood		
Street Address 750 Waterman Ave			Street Address 750 Waterman Ave		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Kurt Hawes			Treasurer Name James Nelson		
Street Address 750 Waterman Ave			Street Address 750 Waterman Ave		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. 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 Kevin M Feeney			Director Name James Nelson		
Street Address 750 Waterman Ave			Street Address 750 Waterman Ave		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Darren Ellinwood			Director Name Kurt Hawes		
Street Address 750 Waterman Ave			Street Address 750 Waterman Ave		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. 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 Kevin M Feeney				Date 05/30/2017	
Signature of Officer/Authorized Representative 					

FILED

JUN 01 2017

BY cm 304987

MAIL TO:
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 Website: www.sos.ri.gov