



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 <u>28659</u>		2. Exact name of the Corporation <u>PROVIDENCE POLICE ASSOCIATION</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO PAY DEATH AND SICK BENEFITS TO MEMBERS AND THEIR DEPENDENTS.</u>	
5. Principal Office Address <u>325 WASHINGTON ST.</u>		City <u>PROVIDENCE</u>	State <u>R.I.</u>
		Zip <u>02905</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JOHN EGAN SR.</u>		Vice-President Name <u>JOHN McGEHEARTY</u>	
Street Address <u>108 BALSAM RD.</u>		Street Address <u>26 HEDGEWOOD AVE</u>	
City <u>SO. KINGSTON</u>	State <u>R.I.</u>	City <u>PROVIDENCE</u>	State <u>R.I.</u>
Zip <u>02879</u>		Zip <u>02908</u>	
Secretary Name <u>MARTIN F. HAMES</u>		Treasurer Name <u>JOHN MCCOUGHEY</u>	
Street Address <u>126 ALBERT AVE</u>		Street Address <u>28 DOHLIA ST.</u>	
City <u>CRANSTON</u>	State <u>R.I.</u>	City <u>WARWICK</u>	State <u>R.I.</u>
Zip <u>02905</u>		Zip <u>02888</u>	
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 <u>RAYMOND KING</u>		Director Name <u>MARTIN W. HAMES</u>	
Street Address <u>71 LENNON ST.</u>		Street Address <u>8 BAXTER LANE</u>	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City <u>GREENVILLE</u>	State <u>R.I.</u>
Zip <u>02908</u>		Zip <u>02828</u>	
Director Name <u>NORMAN ARSENAULT</u>		Director Name	
Street Address <u>37 ARMINGTON AVE</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	City	State
Zip <u>02908</u>		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>MARTIN F. HAMES</u>		Date <u>6/1/17</u>	
Signature of Officer/Authorized Representative <u>Martin F. Hames</u>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 05 2017

BY 5580

FORM 631 - Revised: 05/2016