



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 28627		2. Exact name of the Corporation Providence Lodge #3 Fraternal Order of Police			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fraternal lodge of current and former police officers			
4. NAICS Code 813910					
6. Principal Office Address 40 Sheridan Street			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Robert K. Boehm			Vice-President Name Paul Romano		
Street Address 40 Sheridan Street			Street Address 40 Sheridan Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Andres Perez			Treasurer Name Michael Fallon		
Street Address 40 Sheridan Street			Street Address 40 Sheridan Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Robert K. Boehm			Director Name Paul Romano		
Street Address 40 Sheridan Street			Street Address 40 Sheridan Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Andres Perez			Director Name Michael Fallon		
Street Address 40 Sheridan Street			Street Address 40 Sheridan Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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 Robert K. Boehm				Date 5/25/17	
Signature of Officer/Authorized Representative 					

FILED

JUN 07 2017

BY 4375 DS

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

**PROVIDENCE LODGE #3 FRATERNAL ORDER OF POLICE
CORPORATE ID NO.: 28627**

Non-Profit Corporation Annual Report Attachment

Secretary:

Roger Aspinall
40 Sheridan Street
Providence, RI 02909

FILED

JUN 07 2017

BY _____

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