



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 000484668		2. Exact name of the Corporation Rhode Island Deputy Sheriffs Fraternal Order Of Police Lodge #38			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Active and Retired Deputy Sheriffs; A Social Organization for Professional Law Enforcement; Our Mission is to Assist other Non-Profit Entities; Charitable.			
4. NAICS Code 813920 - Professional Org					
6. Principal Office Address Post Office Box 1383			City Providence	State R.I.	Zip 02901
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy Agnew			Vice-President Name LeRoy Vieira		
Street Address 11 Susan Circle			Street Address 53 Texas Avenue		
City Johnston	State R.I.	Zip 02919	City Providence	State R.I.	Zip 02904
Secretary Name Stacey Fantini			Treasurer Name Matthew Kuligowski		
Street Address 75 Independence Way #10-114			Street Address 12 Thibeault Trail		
City Cranston	State R.I.	Zip 02921	City Smithfield	State R.I.	Zip 02917
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 Jeffrey Fallon			Director Name Timothy Agnew		
Street Address 52 Winter Street			Street Address 11 Susan Circle		
City Somerset	State Mass	Zip 02726	City Johnston	State R.I.	Zip 02919
Director Name LeRoy Vieira			Director Name N/A		
Street Address 53 Texas Avenue			Street Address		
City Providence	State R.I.	Zip 02904	City	State	Zip
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 Timothy J. Agnew, President				Date 6-5-2017	
Signature of Officer/Authorized Representative <i>Timothy J. Agnew</i>					

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

BY

JUN 15 2017

FORM 631 - Revised: 05/2017