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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual	Report	for 1	he	year
Non-Pro	ofit Con	pora	tio	n

2017

-> Filing period: June 1 - June 30

Phone: (401) 222-3040 Website: www.sos.ri.gov

Filing Fee: \$20.00

Penalty: Additional \$25.00 fee if fo

1. Entity ID Number	2. Exact name of the Corporation						
27515	FRATERNAL ORDER OF POLICE, MIDDLETOWN LODGE #21						
3. State of Incorporation	5. Brief descripti	on of the characte	r of business conducted in Rho	de Island			
<b>R.I.</b>	- מסע	PROFIT	FRATERNAL	ORDER	_		
4. NAICS Code		,					
813990							
6. Principal Office Address			City	State R.I	D2842		
1151 AQUIDNECK AVE			MIDDLETOWN				
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name FRED BOOINGTON			Vice-President Name PICHARD D. GAMACHE				
Street Address 20 SOUTH OF COMMONS			Street Address VALLEY RD				
City LITTLE COMPTON	State	<sup>Zip</sup> 02837	HIDDLE TOWN		82842		
Secretary Name FRANK V. CAMPAGNA JR TIMOTHS BECK							
Street Address 2 WOOD TE	RRACE		Street Address 123 VAUES	RD			
CHYMIDDLETOWN	State RI	ZIP 02842	MIDDLETOWN	State	82842		
8. List ALL directors (names and ac		orations MUST lis	t at least THREE directors.				
Director Name	<del></del> :		Director Name	Check the box to indic	ate an attachment L		
FRED PODINGTON			TIMOTHS DECK				
Street Address 20 South OF	COMMON	5	Street Address 123 VALLE	120			
City	State	7in	CA.	State	Zin -		
LITTLE COMPTON	P.L	02837	MIDDLETOWA		82842		
Director Name RICHARD GAN	State RL 1ACHE	0°2837	City MIDDLETOWA  Director Name	State	82842		
DirectorName  RICHARD GAN  Street Address  123 VALLES R	1ACHE	<i>0</i> 2837	MIDDLETOWA Director Name		182842		
Street Address VALLES R	1ACHE P	02837 2102842	Director Name	State	Zip		
Directes Name RICHARD GAN Street Address	D State RI	<sup>ZI</sup> 602842	Director Name  Street Address  City	State	Zip		
Street Address /2-3 VALLES R. CHINDLETOWN	PACHE  State ZT  d. This information is and affirm that	Zip 2842 s currently of record	Director Name  Street Address  City  In the Department of State. Change this report, including any accounts.	State s require filing Form 64	Zip		
Street Address 123 VALES R City MIDDLETOWN 9. Registered Agent in Rhode Island Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Press	PACHE  State ZI  d. This information is and affirm that its contained her ident, vice-President, S	Zin 2842 s currently of record I have examined to in are true and of	Director Name  Street Address  City  In the Department of State. Change this report, including any accorrect.	State s require filing Form 64 companying schedu	Zip 1.		
Street Address  J23 VALLES R  City MIDDLETOWN  9. Registered Agent in Rhode Island  Under penalty of perjury, I declar statements, and that all statement  This report must be signed by either the Press  Name of Officer/Authorized Repress	PState PT d. This information is the and affirm that this contained her ident, vice-President, Sentative	Zip 2842 s currently of record I have examined oin are true and of coretary, Assistant Sec	Director Name  Street Address  City  In the Department of State. Change this report, including any accorrect.  Treasurer, duly Authorized Representative Contract of State Change Correct.	State s require filing Form 64 companying schedu	Zip 1. Nes and		
Street Address 123 VALES R City MIDDLETOWN 9. Registered Agent in Rhode Island Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Press	PState PI  d. This information is the and affirm that this contained here ident, vice-President, sentative  OK W. CR	Zip 2842 s currently of record I have examined oin are true and of coretary, Assistant Sec	Director Name  Street Address  City  In the Department of State. Change this report, including any accorrect.  Telary, Treasurer, duly Authorized Representations.	State s require filing Form 64 companying schedu sentative, Receiver or Trus	Zip 1. sles and see.		
Street Address JOBANA RO CAN Street Address JALLES R.  City INDUCTOWN  9. Registered Agent in Rhode Island Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Press Name of Officer/Authorized Repress SECRETARS FRAM Signature of Officer/Authorized Repress  Signature of Officer/Authorized Repress  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	PState PI  d. This information is the and affirm that this contained here ident, vice-President, sentative  OK W. CR	Zip 2842 s currently of record I have examined ein are true and of secretary, Assistant Secretary	Director Name  Street Address  City  In the Department of State. Change this report, including any accorrect.  Treasurer, duly Authorized Representative.	State s require filing Form 64 companying schedu sentative, Receiver or Trus	Zip 1. Nes and		
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- FORM 631 - Revised: 05/2017