



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

Annual Report for the year:
Non-Profit Corporation

2017

→ 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 27515		2. Exact name of the Corporation FRATERNAL ORDER OF POLICE, MIDDLETOWN LODGE #21	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island NON-PROFIT FRATERNAL ORDER	
4. NAICS Code 813990			
6. Principal Office Address 1151 AQUIDNECK AVE		City MIDDLETOWN	State R.I. Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name FRED BOODINGTON		Vice-President Name RICHARD D. GAMACHE	
Street Address 20 SOUTH OF COMMONS		Street Address 123 VALLEY RD	
City LITTLE COMPTON	State RI	City MIDDLETOWN	State RI Zip 02842
Secretary Name FRANK N. CAMPAGNA JR		Treasurer Name TIMOTHY BECK	
Street Address 2 WOOD TERRACE		Street Address 123 VALLEY RD	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name FRED BOODINGTON		Director Name TIMOTHY BECK	
Street Address 20 SOUTH OF COMMONS		Street Address 123 VALLEY RD	
City LITTLE COMPTON	State RI	City MIDDLETOWN	State RI Zip 02842
Director Name RICHARD GAMACHE		Director Name	
Street Address 123 VALLEY RD		Street Address	
City MIDDLETOWN	State RI	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.			
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 SECRETARY FRANK N. CAMPAGNA JR			Date 5.30.17
Signature of Officer/Authorized Representative <i>[Signature]</i>			

JUN 19 2017

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