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	2. Exact name of the Corporation
27515	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	City	State	Zip
1151 AQUIDNECK AVE	MIDDLETOWN	R.I	02842

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
FRED BODINGTON	RICHARD P. GAMACHE
Street Address: 20 SOUTH OF COMMONS	Street Address: 123 VALLEY RD
City: LITTLE COMPTON State: RI Zip: 02837	City: MIDDLETOWN State: RI Zip: 02842
Secretary Name	**Treasurer Name**
FRANK N. CAMPAGNA JR	TIMOTHY BECK
Street Address: 2 WOOD TERRACE	Street Address: 123 VALLEY RD
City: MIDDLETOWN State: RI Zip: 02842	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	Director Name
FRED BODINGTON	TIMOTHY BECK
Street Address: 20 SOUTH OF COMMONS	Street Address: 123 VALLEY RD
City: LITTLE COMPTON State: RI Zip: 02837	City: MIDDLETOWN State: RI Zip: 02842
Director Name: RICHARD GAMACHE	Director Name
Street Address: 123 VALLEY RD	Street Address
City: MIDDLETOWN State: RI Zip: 02842	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	Date
SECRETARY FRANK N. CAMPAGNA JR	5.30.17

Signature of Officer/Authorized Representative

FILED

JUN 19 2017

BY 1359

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

FORM 631 - Revised: 05/2017