



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.

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 BUS SVCS DIV
 2017 JUN 21 AM 10:07

1. Entity ID Number 29819	2. Exact name of the Corporation Commissioned Police Officers Association of Rhode Island
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To Promote the Good and Welfare of It's Members.
4. NAICS Code 813319 - Other Social Advocac	

6. Principal Office Address 2 Sakonnet Trail	City Little Compton	State RI	Zip 02837-1629
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Pasquale Sperlogano Street Address 47 Highwood Drive City Coventry State RI Zip 02816	Vice-President Name Charles J. Mulcahey Street Address 184 Poor Farm Road City Coventry State RI Zip 02816
Secretary Name William A. Karalis Street Address 12 Gull Island Road City Fairhaven State MA Zip 02719	Treasurer Name Paul V. Valente Street Address 2 Sakonnet Trail City Little Compton State RI Zip 02837

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Pasquale Sperlogano Street Address 47 Highwood Drive City Coventry State RI Zip 02816	Director Name Charles J. Mulcahey Street Address 184 Poor Farm Road City Coventry State RI Zip 02816
Director Name William A. Karalis Street Address 12 Gull Island Road City Fairhaven State MA Zip 02719	Director Name Paul V. Valente Street Address 2 Sakonnet Trail City Little Compton State RI Zip 02837

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 Paul V. Valente, Treasurer	Date 06-19-2017
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Signature of Officer/Authorized Representative
- TREASURER

FILED

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

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