RI SOS Filing Number: 201745928130 Date: 6/21/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

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

Annual Report for the year:	201	7
-----------------------------	-----	---

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						
27522	Fraternal Order Of Police, Pawtucket Lodge #4						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Fraternal Brotherhood Of Police Officers						
4. NAICS Code	1						
813930 - Labor Unions and Sim							
6. Principal Office Address			City	State	Zip		
55 Cedar St			Pawtucket	RI	02860		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name James Baino			Vice-President Name Kenneth Dolan				
Street Address 121 Roosevelt Ave			Street Address 121 Roosevelt Ave				
City Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket	State RI	Zip 02860		
Secretary Name Alexander R Smith	Treasurer Name John Donley						
Street Address 121 Roosevelt Ave			Street Address 121 Roosevelt Ave				
City Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket	State RI	<sup>Zip</sup> 02860		
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.  Check the box to indicate an attachment							
Director Name Kenneth Dolan			Director Name Alexander R Smith				
Street Address 121 Roosevelt Ave			Street Address 121 Roosevelt Ave				
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket	State RI	<sup>Zip</sup> 02860		
Director Name John Donley			Director Name				
Street Address 121 Roosevelt Ave			Street Address				
City Pawtucket	State RI	<sup>Zip</sup> 02860	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 John Donley, Treasurer				Date 6/19/17			
Signature of Officer/Authorized/Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 2 1 2017

FORM 631 - Revised: 06/2017