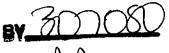
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State of Rhode Island an Department of St	nd Providence Pla ate - Busine	antations ss Services	Division		<del></del>	<u> </u>
Annual Report for the year Non-Profit Corporation					7017	<b>2</b> 0
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee it			JUN 28	æ. E@. 		
1. Entity ID Number	2. Exact name	of the Corporatio	n		3	1011
197781	Westerly Police Retired Officers Association				STAT DIV	
3. State of Incorporation RHODE ISLAND  4. NAICS Code Other social Advocacy Organization	5. Brief description of the character of business conducted in Rhode Island  To advise and represent the honorably retired members of the Westerly Police Dept.					
6. Principal Office Address			City		State	Zip
72 Summer Street, P.O. Box 76			Westerly		RI	02891
7. List ALL officers (names and add	Check the box to indicate an attachment					
President Name JOSEPH M. COSENTINO			Vice-President Name GARY GERVASINI			
Street Address 72 Summer Street, P.O. Box 76			Street Address Settlers Landing, P.O. Box 14			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State RI	Zip 02891
Secretary Name LAWRENCE GWALTNEY			Treasurer Name KENNETH OLSEN			
Street Address 31 Urso Drive			Street Address 23 Riverview Avenue			
	State RI	<sup>Zip</sup> 02891	City Westerly	1	State RI	<sup>Zip</sup> 02891
8. List ALL directors (names and add  Director Name JOSEPH M. COSEN		orations MUST H	I Director Name	Check	the box to indicat	e an attachment
Street Address 72 Summer Street, P.O. Box 76			Street Address Settlers Landing, P.O. Box 14			
	State RI	<sup>Zip</sup> 02891	City Westerly		State RI	<sup>Zip</sup> 02891
Director Name LAWRENCE GWALTNEY			Director Name KENNETH OLSEN			
Street Address 31 Urso Drive			Street Address 23 Riverview Avenue			
		<sup>Zip</sup> 02891	<sup>City</sup> Westerly		State RI	<sup>Zip</sup> 02891
Registered Agent in Rhode Island.	This information is	currently of record	in the Department of State. Cl	hanges requir	e filing Form 641.	
Inder penalty of perjury, I declare tatements and that all statements	s contained nere	un are true and d	correct			
his report must be signed by either the Preside	nt, Vice-President, Se	cretary, Assistant Sec	retary, Treasurer, duly Authorized	Representative,	Receiver or Trustee.	
lame of Officer/Authorized Represen			bate 6/13/2	2017		
griature of Officer/Authorized Repres	<del></del>	SIGN DUCUN		<i></i>		<del></del>
IL-TO:	<del>-</del>		- JUN 987	~~	)	

MAIC-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