



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 28 AM 10:36

1. Entity ID Number 197781		2. Exact name of the Corporation Westerly Police Retired Officers Association	
3. State of Incorporation RHODE ISLAND		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.	
4. NAICS Code Other social Advocacy Organization 813319			
6. Principal Office Address 72 Summer Street, P.O. Box 76		City Westerly	State RI
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name LAWRENCE GWALTNEY		Treasurer Name KENNETH OLSEN	
Street Address 31 Urso Drive		Street Address 23 Riverview Avenue	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JOSEPH M. COSENTINO		Director Name GARY GERVASINI	
Street Address 72 Summer Street, P.O. Box 76		Street Address Settlers Landing, P.O. Box 14	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Director Name LAWRENCE GWALTNEY		Director Name KENNETH OLSEN	
Street Address 31 Urso Drive		Street Address 23 Riverview Avenue	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative JOSEPH M. COSENTINO		Date 6/13/2017	
Signature of Officer/Authorized Representative <i>Joseph M. Cosentino</i>		FILED JUN 28 2017 BY 300080 A.A.	

MAIL TO:
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