State of Rhode Island	and Decidence D					
Department of S			Division			
Annual Report for the year: 2017				7105	<u> </u>	
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.				T7 JUN 28	R.I. DEPT. BUS SV	
1. Entity ID Number	2. Exact name	e of the Corporation	1	3		
197781	4	Westerly Police Retired Officers Association			VIO VIO	
3. State of Incorporation RHODE ISLAND 4. NAICS Code Other social Advocacy 8/33/9 Organization	To advise a	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 ad			Check th	ne 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	^{Zip} 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			
^{City} Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891	
8. List ALL directors (names and a		porations MUST lis		ck the box to indicat	e an attachment	
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	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891	
Director Name LAWRENCE GWALTNEY			Director Name KENNETH OLSEN			
Street Address 31 Urso Drive			Street Address 23 Riverview Avenue			
City Westerly	State RI	^{Zip} 02891	^{City} Westerly	State RI	^{Zip} 02891	
41	• • •					

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, duty Authorized Representative, Receiver or Truste

Name of Officer/Authorized Representative

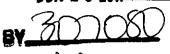
an attachment L

Signature of Officer/Authorized Representative

SIGN DUCUMENT HERE

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