


 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 700386		2. Exact name of the Corporation WESTERLY LODGE #10 FRATERNAL ORDER OF POLICE ASSOCIATES	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To promote social, charitable & educational activities among law enforcement officers	
4. NAICS Code other social advocacy organization 813319			
6. Principal Office Address 44 CROSS STREET		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 TONY CHIMENTO		Vice-President Name SCOTT FRICKE	
Street Address P.O. Box 1725		Street Address 68 Oak Street	
City Westerly	State RI	City Westerly	State RI Zip 02891
Secretary Name PAUL A. CORNELIUS		Treasurer Name JAMES N. FRINK, JR.	
Street Address 48 Beatrice Street		Street Address 44 Cross Street	
City Westerly	State RI	City Westerly	State RI 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 TONY CHIMENTO		Director Name SCOTT FRICKE	
Street Address P.O. Box 1725		Street Address 68 Oak Street	
City Westerly	State RI	City Westerly	State RI Zip 02891
Director Name PAUL A. CORNELIUS		Director Name JAMES N. FRINK, JR.	
Street Address 48 Beatrice Street		Street Address 44 Cross Street	
City Westerly	State RI	City Westerly	State RI 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 Paul A. Cornelius			Date 6/12/2017
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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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