



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.

| | | | | | |
|--|-----------------|---|--|-----------------------------|---------------------|
| 1. Entity ID Number 795054 | | 2. Exact name of the Corporation Fraternal Order of Police Lodge 51 | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Membership holds quarterly meetings to address issues that affect our Union Body. | | | |
| 4. NAICS Code 813930 - Labor Unions and | | | | | |
| 6. Principal Office Address 359 Elmwood Avenue | | | City Uxbridge | State MA | Zip 01569 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Marcel Beausoleil | | | Vice-President Name Omer Frappier | | |
| Street Address 15 Roberts Street | | | Street Address 480 Wood Avenue | | |
| City Cumberland | State RI | Zip 02864 | City Woonsocket | State RI | Zip 02895 |
| Secretary Name Richard Capistran | | | Treasurer Name Bruce Maculan | | |
| Street Address 359 Elmwood Avenue | | | Street Address 140 Angell Street, FLR 1 | | |
| City Uxbridge | State MA | Zip 01569 | City Woonsocket | State RI | Zip 02895 |
| 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 Norman Crepeau | | | Director Name David Crepeau | | |
| Street Address 26 Barbara Jean Court | | | Street Address 390 Dulude Avenue | | |
| City Grafton | State MA | Zip 01519 | City Woonsocket | State RI | Zip 02895 |
| Director Name Paul Larue | | | Director Name | | |
| Street Address 476 Dulude Avenue | | | Street Address | | |
| City Woonsocket | State RI | Zip 02895 | 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. | | | | | |
| <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 Richard W Capistran, Secretary FOP Lodge 51 | | | | Date May 29, 2017 | |
| Signature of Officer/Authorized Representative | | | | | |

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