



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 an <input type="checkbox"/>					
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 					

FILED
 JUN 28 2017
 BY 1062

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov