

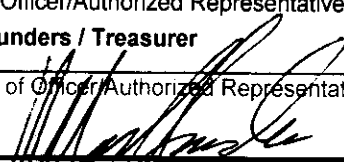


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 29859		2. Exact name of the Corporation The Rhode Island Environmental Police Officers Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Dedicated to conservation law enforcement & promoting the career through education			
4. NAICS Code 813312 - Environment, Conserv					
6. Principal Office Address PO Box 1933		City East Greenwich		State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Schipritt			Vice-President Name Frances Ethier		
Street Address 36 Ocean Avenue			Street Address 195 Diamond Hill Rd		
City Jamestown	State RI	Zip 02835	City Ashaway	State RI	Zip 02804
Secretary Name Richard Browning			Treasurer Name Mark Saunders		
Street Address 32 Old Mill Rd			Street Address 247 Burnside Ave		
City Charlestown	State RI	Zip 02813	City Riverside	State RI	Zip 02915
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 Scott Bergemann			Director Name Jennifer Ogren		
Street Address 243 Tarklin Rd			Street Address 5 Arrowhead Ln		
City Chepachet	State RI	Zip 02814	City Ashaway	State RI	Zip 02804
Director Name Kevin Snow			Director Name		
Street Address 4043 Flat River Rd			Street Address		
City Coventry	State RI	Zip 02816	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 Mark Saunders / Treasurer				Date 6/30/2017	
Signature of Officer/Authorized Representative 				<div style="text-align: center;"> FILED JUN 30 2017 </div>	
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY CA 307398