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	2. Exact name of the Corporation
29859	**The Rhode Island Environmental Police Officers Association**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
RI	**Dedicated to conservation law enforcement & promoting the career through education**
4. NAICS Code	
813312 - Environment, Conserv	

6. Principal Office Address	City	State	Zip
PO Box 1933	**East Greenwich**	**RI**	**02818**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: **Mark Saunders / Treasurer**

Date: **6/30/2017**

Signature of Officer/Authorized Representative: Treasurer SIGN DOCUMENT HERE

FILED
JUN 30 2017
BY CR 307398

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