



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

Annual Report for the year: 2017

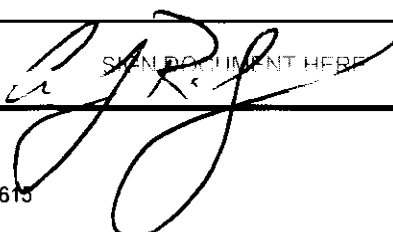
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

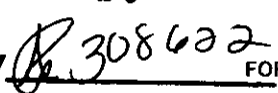
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

1. Entity ID Number 31618		2. Exact name of the Corporation The East Providence Police Beneficial Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provides access to group health coverage for retired members of the police union after age 65. Also provides life insurance policy to members and their spouses			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 750 Waterman Avenueq			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James Toler			Vice-President Name Kevin Feeney		
Street Address 750 Waterman Avenue			Street Address 750 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Eric Rodrigues			Treasurer Name William Nebus		
Street Address 750 Waterman Avenue			Street Address 750 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Kevin Grant			Director Name Thomas Aguair		
Street Address 750 Waterman Avenue			Street Address 750 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Raymond Blinn			Director Name		
Street Address 750 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	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 Eric Rodrigues				Date 07/20/17	
Signature of Officer/Authorized Representative 				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

JUL 20 2017

BY 

FORM 631 - Revised: 06/2017