

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

Form 631 Rev. 04/04

401.222.3040

#### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 111105 RI State Sheriffs FOP Lodge 24 Fraternal Order of Police 4. Comporate address in Rhode Island - Street Address 3. State of Incorporation **RHODE ISLAND** 5. Foreign corporation. Enter principal office address City. 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island ORGANIZATION COMPOSED OF PROFESSIONAL LAW ENFORCEMENT PERSONNEL FROM THE RI STATE SHERIFFS WHO HAVE JOINED TOGETHER FOR THE COMMON GOOD AND THE COMMON GOOD OF THE PEOPLE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Nan 02812 Cin: 02816 AMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Street Address Director Nam Sirect Address City 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Agent Name Address SHEILA O'ROURKE City Zip Address 12 GREENWOOD AVENUE COVENTRY This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

111105	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 7-5-05	statements contained herein are true and correct.  Signature of Officer  Date
Check No. 5/14  By:	Sheila C D' Rout Ke Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tule of Officer



(FORM MUST BE TYPED (		ing Fee: \$20.00 AC <b>K</b> )			
1. Corporate 1D No.	2. Name of Cor			****	
111105	: RI State Sh	enffs FOP Lodge 24 Fra	atemal Order of Police		
3. State of Incorporation	4. Corporate a	ddress in Rhode Island -Stree	1 Address	City	Zip
RHODE ISLAND	,	176 OR 65 HOWARD		CRANSTON	02920
5. Foreign corporation. Ent.	o principal office add	lress	City	State	Zip
-					;
6 Relef Description of the cl	aracter of the affairs	which are actually conducted	d in Rhode Island	The second of th	
			EMENT PERSONNEL PROM	THE RI STATE SHE	RIFFS WHO HAVE
JOINED TOGETHER F	OR THE COMMON	GOOD AND THE COM	ON GOOD OF THE PROPLE	}	
7 NAMES AND ADDR	ESSES OF THE C	FFICERS ("X" BOX FO	RATTACIMENT) [ FILL IN S	PACES DEFORE USING	ATTACIMENTS
President Name	ರಾಜ್ಯವಾಗ್ಯಾಗ್ಯಾ ಸರ್ವಾಗ್ಯಾಗ	ंत्रवाद्भा संस्था राज्य १क्षा भरत्याच्या वश्चाल	Vice President Name	i ya di mpo Magara, andheren sherin e Mada	parter than a transfer of the control of the contro
Gary Di Padua			Richard Laurin	0	م وو المدا مودا بدا ما مودو و الداروود،
Street Address		yeniye wa riiw is impresentis mee	Street Address		
3 Micheal Street	•		.45 Oak Ave.		
City	State	Zip	Ctry	State	Zip
Johnston	RI	02910	Riverside	RI	02915
Secretary Name			Treasurer Name		
Sheila O'Rourke			'Robert Manzoli	110	
Street Address	and the second section of the second section of the second section of the second section of the second section	and the manufactor of the first section of the first	Street Address	\$ 1411.00 X 11-214 \$ 1411	
12 Greenwood Ave	<b>.</b>		31 Truman Ave.		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Johnston	(RI	02919
8. NAMES AND ADDR	ESSES OF THE I	IRECTORS (X. BOX F	OR ATTACHMENT) [] FILL IN	SPACES BEFORE USIN	GATTACHMENTS
THE NUMBER C	F DIRECTORS OF	A DOMESTIC (RHODE IS	LAND) CORPORATION SHALL	NOT BE LESS THAN TO	WEE (3) R.I.G.L. 7-6-28
Director Name	e, se o grass open order.	and the training of the second	Director Name		
Gary Di Padua			Richard Laurin	.o .	
Street Address	Language and the second second	and seeming a loop of the service of	Street Address		التي الديو معادد عفد يريض الانيا مهيد الله العميد اليوامدين الداران
3 Micheal Stree	<b>-</b>		45 Oak Ave.		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Riverside	RI	02915
, 0012100011		and the second	Director Name	e e e e e e e e e e e e e e e e e e e	
Disease Name			Robert Manzoli	110	
Director Name			Street Address		- 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Sheila O'Rourke					
Sheila O'Rourke Street Address	• · · · · · · · · · · · · · · · · · · ·		'31 Truman Ave.		
Sheila O'Rourke Street Address 12 Greenwood Av	e. State	Zip		State	Zip
Sheila O'Rourke Street Address		/24ρ . 02816	31 Truman Ave.	;State {RI	<i>Zip</i> 102919

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

City

: Riverside



Richard Lawson

21 Willow Street

Address

*111105 DN TOP 17/04 (19)11:05 AM*	
FEB 2.4 2004 Check No. FEB 2.1 2004	13.1
By Malant	Gan
FOR SECRETARY OF STATE, USE ONLY	15

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 frequent are true and correct.

Zip 02915

Gary Di Padua

Print or Type Name of Officer

President

Form 631 Rev. 6/02



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

N-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

tiling Period: June I • Ji	<del>-</del>	e. \$20.00						
<u>FORM MUST BE TYPED OR P</u> 1. Corporate ID No.	2. Name of Corporation					<del></del>		
·	1 ' '		nal Order -f "	ntian			•	1
3. State of Incorporation	RI State Sheriffs FOP				City	· · · · · · · · · · · · · · · · · · ·	Zip	
• •	1 ^			or 65 Havend 1	. 1 -	ANSTON		20
RHODE ISLAND 5. Foreign corporation. Enter pr	<del></del>	15_0_X(	01/0	City	State	71010	Zip	<del></del>
				ChungTon	RI		0292	.0
6. Brief Description of the charac ORGANIZATION COMPO TOGETHER FOR THE CO	SED OF PROFESSION	IAL LAW ENF	ORCEMEN'	PERSONNEL FROM THE	RI STATE SHE	RIFFS WHO H	AVE JOINED	
7. NAMES AND ADDRESSE	S OF THE OFFICERS	("X" BOX F	OR ATTACH	MENT) FILL IN SPACE	S BEFORE US	ING ATTACH	MENTS	,
President Name	0			Vice President Name	1			
GANY DI	PARUA	· · · · · · · · · · · · · · · · · · ·		Richmod	642	KIND		i
Street Address 1	( STORE	7		Street Address 45 O A-K	AVE	2 .		
Cin TobacTan	State 12T	Zip (7 2	917	Rivensid	State	II	Zip 0291	_
Secretary Name	Maurice	<del>ا</del>		Treasurer Name Robent M	164020	1:110		·
Street Address	D III	·		Sireei Address  7 TAUN	1.421 5	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del></del>	<del></del> !
City Content	State DT	Zip		Ciny Long Ton	State R	<u>. j </u>	Zip 02919	,
8. NAMES AND ADDRESSE THE NUMBER OF DIRECT			FOR ATTACH	IMENT)   FILL IN THE S			TACHMENTS	~
Director Name				Director Name				
GARY D	<u>i Pudun</u>	<u></u>		RoberT	MANZO	1:110		
Street Address	, / STN	ī		Street Address  7 1 Trum	m 5	Reel		
City	State	12ip 029	119	City Johns Ta	State	RT	Zip 02919	
Director Name	_ <del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Director Name	<u> </u>	/=	<u> </u>	
Street Address	LAURINO_			Street Address				
•	1		,	Sireei Address				
150MK_V	State	Zip		City	State		Zip	
Riverside	RI	0291	5					
9. REGISTERED AGENT IN	RHODE ISLAND - D			s require filing of Form 6	41 - R.J.G.L. 7	-6-13 / 7-6-78		
Agent Name				Address	<del></del>	<del></del>	- <del> </del>	
RICHARD LAWSON								
Address				City	· · · · · · · ·	Zip	<del></del>	
21 WILLOW STREET				RIVERSIDE		02915	i.	
		D ::	10. 0	<u> </u>	C			04:55
This report must be signed	1 1 0	e President,	vice Presi	Under penalty of perjur this report, including an	y, I declare and ny accompanyin	affirm that I hav g schedules and	ve examined statements.	
File Date	LED			and that all statements of	contained herein	are true and co	inect.	- م ح
Check No. JUN				Signature of Officer		D 1	nie	2 <i>-23</i>
By \\	M C . 4			Print or Type Name of O		THOWA	<u></u>	
FOR SECRETARY OF STATE	USE ONLY			Title of Officer	PRESID	ent	Form 631   F	<u>₹ev 6/∩</u>

Filing Fee: \$20.00

To be filed annually during the month of June

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

### **NON-PROFIT CORPORATION**

Cor	porate ID Number <u>DNP-111105</u>	Annual Report for the year 2002
1.	The name of the corporation is RI State St	neriffs FOP Lodge 24 Fraternal Order of Police
2. 3.	•	s of which it is incorporated is RHODE ISLAND corporation in this state is 21 WILLOW STREET RIVERSIDE, RI 02015
<b>J</b> .		
4.	•	state at that address is RICHARD LAWSON ally conducting in Rhode Island, briefly stated, is
5	If a foreign corporation, the address of its princorporated is	rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rhode Island 2	I WILLOW ST. RIVERSIDE R.I. 02915
7.		officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
(d)	NAME OFFICE  SACY DIPADUA Director  SCHARD LAWSON Director  SCHARD LAWRING Director	ADDRESS  65 HOWARD AVE LEAUSTON FT 02920  31 WILLOW ST RIVERSIVE RI 02915  45 OAK AVE RIVERSIVE RI 02915
	ARY DIPADUA President  BELT MANZULIUO Vice-President	23 TRUMANST. JOHNSTON R.I. 02920
<u>K</u>	ICHARD LAWSON Treasurer	21 WILLOW ST. KIVERSIDE R.I. 02915
Dat	red: 8/21/02	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.
	* 1 1 1 0 5 *	Exact Name of Corporation
ile I	OR SECRETARY OF STATE USE ONLY  Date: 1/-22-02	Title SECRETARY  (Report must be signed by an officer)
Sheel By: -	k No.:	Form No. 631 Revised 5/98



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

# AMENDED NON-PROFIT CORPORATION

Corpora	te ID Number 1111	05	A	nnual Report for the ye	ear <u>2</u> (	001
1. The	name of the corporation		ate Sheriffs FOP Lodge	2.24		<del></del>
			rnal Order of Police		_	
	•		s of which it is incorporated is			
	_		orporation in this state is 21 Wi	TOM 21		and the
	verside, RI 02		het address in Diahand I are			and the
	•		hat address is <u>Richard Laws</u>			ion
			lly conducting in Rhode Island, brie			
			w Enforcement personne			
			incipal office in the state or other ju	insdiction under the la	.WS OT V	vnich it is
	orporated is		ata Chariffa FOD Lada	2/		
	•		ate Sheriffs FOP Lodge	<u> </u>		•
	Willow St. Ri		fficers: (In compliance with 7-6-23	of the DICI 1056 :		ndad the
			iland) corporation shall not be less t			nueu, me
		•	,		8	00 036
	NAME	OFFICE	ADDF	RESS	ū	
Gary	Di Padua	_Director	3 Michael Street Johns	ston, RI 02919		250 120
Rich	ard Laurino	Director	45 Oak Ave. Riverside	, RI 02915	30	30K
Rich	ard Lawson	_Director	21 Willow St. Riversio	ie, RI 02915	P	
Gary	Di Padua	_President	3 Michael Street John	nston, RI 0291	9 <u>e</u>	37,78
Robe	rt Manzolillo	_Vice-President	31 Truman St. Johnsto	on, RI 02919_		
Rich	ard Laurino	_Secretary	45 Oak Ave. Riverside	e, RI 02915		
Rich	ard Lawson	Treasurer	21 Willow St. Rivers:	ide, RI 02919	<del></del>	
Dated:	13 February 2	002_	Under penalty of perjury, I declare report, including any accompanying all statements contained herein ar	ng schedules and state		
			RI State Sheriffs FOP	Lodge 24		
	FEB 1	LED 3 2002	Exact Name	of Corporation		
	ah ( )	<002	Title President			
		75	(Report must be	signed by an officer)		

Filing Fee: \$20.00

To be filed annually during the month of June

**€** 30° 5

Revised 5/98



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number <u>DNP-111105</u>	Annual Report for the year 2001
1. The name of the corporation is RISTATE	MARSHALS FOP LODGE 24 FRATERNAL ORDER POLIC
•	vs of which it is incorporated is RHODE ISLAND  corporation in this state is 21 WILLOW STREET RIVERSIDE, RI 02915-
and the name of its registered agent in this	s state at that address is RICHARD LAWSON
4. The character of the affairs which it is actu-	ally conducting in Rhode Island, briefly stated, is HEALTH & WELFACE DE CHARITABLE CONTRIBUTIONS TO THE COMMUNITY
5 If a foreign corporation, the address of its princerporated is	orincipal office in the state or other jurisdiction under the laws of which it is
6. Corporate address in Rhode Island	1 WILLOW ST. RIVERSIDE RI 02915
	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
NAME OFFICE	ADDRESS
STEVEN DALLIER Director  RICHARD LANGING Director  STEVEN DAGLIER President  NOBET MANZOLILLO Vice-President  RICHARD LANGING Secretary  RICHARD LANGON Treasurer	6 APRIE BRITTED LINE SMITHTIELD RIF. 02917 23 TRUMAN ST. JOHNSTON RE 02919 45 BAK AUG RIVERSION RE 02915 6 APPLIE ORCHARD LANE SMITHTIELD R.I. 02917 23 TRUMAN ST. JOHNSTON RIE 02919 45 DAK AUE RIVERSIDE R.E. 02915 21 WILLOW ST. RIVERSIDE R.I. 02915
RIBBET MAUROLIUM Director  STEVEN DAGLIER President  NOBET MAUROLIUM Vice-President  RICHARD LAURING Secretary	23 TRUMAN ST. JOHNSTON RE 02919 45 BAK AUE RIVERSIDE RE 02915 6 APPLE ORCHARD LANE SMITHFIELD R.I. 02911 23 TRUMAN ST. JOHNSTON RIE 02919 45 DAK AVE RIVERSIDE R.E. 02915
RICHARD LAURING Director  STEVEN DAGLIER President  NOBET MANZOLILO Vice-President  RICHARD LAURING Secretary  RICHARD LAWSON Treasurer	23 TRUMAN ST. JOHNSTON RE 02919  45 OAK AUE RIVERSIDE RE 02915  6 APPLE ORCHARD LANE SMITHMEN R.T. 02917  13 TRUMAN ST. JOHNSTON RIE 02919  45 OAK AUE RIVERSIDE R.E. 02915  21 WILLOW ST. RIVERSIDE R. I. 02915  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.  P.T. STATE MARSHALS F. O. P. LODGE 24 POLICE