



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

Annual Report for the year: 2018

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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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAY 21 PM 2:06

1. Entity ID Number 000026575		2. Exact name of the Corporation East Providence Lodge #1 Fraternal Order of Police			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fraternal Organization that gives out monetary donations to worthy causes.			
4. NAICS Code 813920 - Professional Organizati					
6. Principal Office Address 750 Waterman Ave.		City East Providence	State RI	Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Warren Caldwell		Vice-President Name Zeke Fortier			
Street Address 750 Waterman Ave.		Street Address 750 Waterman Ave			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Matthew McNulty		Treasurer Name Jose Taveira			
Street Address 750 Waterman Ave		Street Address 750 Waterman Ave.			
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 <input type="checkbox"/>					
Director Name Warren Caldwell		Director Name Matthew McNulty			
Street Address 750 Waterman Ave.		Street Address 750 Waterman Ave.			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Jose Taveira		Director Name			
Street Address 750 Waterman Ave.		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 Jose Taveira				Date May 21, 2018	
Signature of Officer/Authorized Representative <div style="text-align: center;"> <p>SIGN DOCUMENT HERE</p> </div>					

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

FILED

MAY 21 2018

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