



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

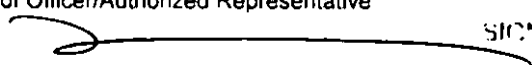
→ Filing Fee: \$20.00

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

FILED

JUN 29 2018

BY 333

1. Entity ID Number 127993		2. Exact name of the Corporation Jamestown Police Officers Benevolent Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To raise, hold and invest contributed funds and to expend said funds for charitable, benevolent, philanthropic, educational, civic and youth activities.			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 250 Conanicus Avenue			City Jamestown	State RI	Zip 02835
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Derek Carlino			Vice-President Name Mark Esposito		
Street Address 250 Conanicus Avenue			Street Address 250 Conanicus Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name William Donovan			Treasurer Name James Chaves		
Street Address 250 Conanicus Avenue			Street Address 250 Conanicus Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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 Derek Carlino			Director Name Mark Esposito		
Street Address 250 Conanicus Avenue			Street Address 250 Conanicus Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name William Donovan			Director Name James Chaves		
Street Address 250 Conanicus Avenue			Street Address 250 Conanicus Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Derek Carlino				Date 6/25 , 2018	
Signature of Officer/Authorized Representative  SIGN DOCUMENT FILE					

MAIL TO:

Division of Business Services

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