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

FILED
JUN 29 2018
BY 333

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.

1. Entity ID Number	2. Exact name of the Corporation
127993	**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	City	State	Zip
250 Conanicus Avenue	**Jamestown**	**RI**	**02835**

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

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 ☐

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.

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	Date
Derek Carlino	6/25 , 2018

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

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

FORM 631 - Revised: 11/2017