RI SOS Filing Number: 201871400540 Date: 7/2/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation -

2018

- → 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					
000030079	Westerly Police Reserves					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Augment the Westerly Police Department and volunteer for charitable events and emergencies.					
4. NAICS Code	1					
L 813219 <u> </u>						
6. rnncipal Office Address	<u> </u>		City	State	Zip	
60 Airport Rd.			Westerly	RI	02891	
	1162262)		Check the box to indicate an attachment			
President Name Gary Murano			Vice-President Name Mark Melanson			
Street Address 20 Hobart St			Street Address 271 Post Rd E1			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891	
Secretary Name Mark Akesson			Treasurer Name Mark Akesson			
Street Address 26 Ledward Ave			Street Address 26 Ledward Ave			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Dennis Evans			Director Name Frank Manfredi			
Street Address 41 Washington Ave			Street Address 169 Bradford Rd			
City Westerly	State RI	Zip 02891	City Westerly	State Ri	<sup>Zip</sup> 02891	
Director Name Mark Spear			Director Name Frank Realini			
Street Address 32 Blue Sky Dr			Street Address 33 Oak St			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	Zip 02891	
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 Repres	Date	Date				
Mark Akesson Secretary/Treasurer				6/27/2018	6/27/2018	
Signature of Officer/Authorized Representative						
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

