

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filling Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nai	me of the Corporation				
27515		Fraternal Order of Police, Middletown Lodge #21				
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
813990		Non-Profit Fraternal Order				
5. Principal office address 1151 Aquidneck Avenue			City Middletown	State RI	Zip 02842	
LIST ALL OFFICERS (NA	MES AND ADDE	RESSES) ("X" BOX FOR	ATTACHMENT)			
President Name			Vice-President Name			
Michael Kravchuk			David Guerriero			
Street Address			Street Address			
9 Wood Road			244 Turnpike Avenue			
City	State	Zip	City	State	Zip	
Middletown	RI	02842	Portsmouth	RI	02871	
Secretary Name			Treasurer Name			
Geoffrey Dellefratte			Timothy Beck			
Street Address			Street Address 100 Wintergreen Drive			
7 Rosewood Court	Ciara	7:-	<u>_</u>	State	Zip	
City Warren	State RI	Zip 02885	City Middletown	RI	02842	
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. LIST <u>all</u> directors (n "X" box for attachm		DRESSES). RHODE ISL	AND CORPORATIONS <u>MUST</u> (LIST NO LESS THAN	I THREE (3) DIRECTOR	
Director Name			Director Name			
Michael Kravchuk			David Guerriero			
Street Address			Street Address			
Wood Road			244 Turnpike Avenue			
City	State	Zip	City	State	Zip	
/liddletown	RI	02842	Portsmouth	RI	02871	
Director Name			Director Name			
Geoffrey Dellefratte			Timothy Beck			
Street Address			Street Address			
7 Rosewood Court			100 Wintergreen Drive			
City	State	Zip	City	State	Zip	
Varren	RI	02885	Middletown	RI	02842	
REGISTERED AGENT IN	RHODE ISLAND		<u> </u>			
his information is current	ly of record in th	e Office of the Secretar	y of State. Changes require fill	ng Form 641.		
his report must be signed by	reither the Presid	ent, Vice-President, Seci	retary, Assistant Secretary, Treas	urer, duly Authorized	Representative, Receive	
r Trustee						
			Under penalty of perjur	u I declare and affir	m that I have examiner	
Ella Data		EU ED	this report, including a			
File Date		FILED	and that all statements			
Check No			· // /	/h		
		JUL 0 2 2018		///	6/26/2018	
By:		11600	Signature of Officer or Au	uthorized Representa	tive Date	
FOR SECRETARY OF STA	ATE USE ONIA	1420	•			
		· ~/ //	Geoffrey Dellefratt		 	
form No. 631		()()~	Print or Type Name of O	fficer or Authorized Re	epresentative	
Revised: 04/2014		V\				