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State of Rhode Island and Providence Plantations

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

2018

FILED

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Annual Report for the year: 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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BY_	0974
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				<del></del>		
1. Entity ID Number <b>31867</b>	2. Exact name of the Corporation  Woonsocket Police Relief Association					
State of Incorporation     Rhode Island     NAICS Code	5. Brief description of the character of business conducted in Rhode Island Provide Death benefits for members (Active and Retired members of the Woonsocket Police Department					
813990 - Other Similar Orgar ▼						
6. Principal Office Address			City	State	Zip	
242 Clinton Street			Woonsocket	RI	02895	
7. List ALL officers (names and ac	ldresses)			Check the box to indic	ate an attachment	
President Name David A Crepeau	· · · · · · ·	•	Vice-President Name Christopher J Brooks			
Street Address 390 Dulude Avenu	е		Street Address 242 Clinton Street			
City Woonsocket	State RI	Zip <b>02895</b>	City Woonsocket	State RI	<sup>Zip</sup> 02895	
Secretary Name Michael E. Richael	dson		Treasurer Name R. Bruce Maculan			
Street Address 60 Kennedy Street			Street Address 140 Angell Street			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895	
8. List ALL directors (names and a	addresses). RI Cor	porations MUST li	ist at least THREE directors.	Check the box to indic	ate an attachment	
Director Name Robert Moreau		···-	Director Name Brian J. Kane			
Street Address 149 Hamilton Stre	et		Street Address 123 Dawn Blvd			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895	
Director Name Roger Biron Jr	·I· ···		Director Name			
Street Address 6 Monica Lane			Street Address			
City Blackstone	State MA	Zip 01504	City	State	Zip	
9. Registered Agent in Rhode Isla	nd. This information	is currently of recor	d in the Department of State. Chan	ges require filing Form 64	<b>1</b> 1.	
Under penalty of perjury, I declar statements, and that all stateme				ccompanying sched	ules and	
This report must be signed by either the Pri	esident, Vice-President,	Socretary, Assistant S	ecretary, Treasurer, duly Authorized Rop	presentative, Receiver or Tru	st <del>ee</del> .	
Name of Officer/Authorized Repre	esentative			Date 3/11/19		
Signature of Officer/Authorized Re	presentative	ι .				

MAIL TO

Division of Business Services

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

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