



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.

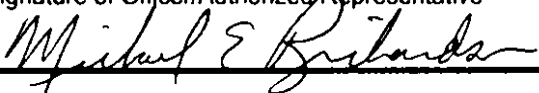
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BY

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JDA

1. Entity ID Number 31867		2. Exact name of the Corporation Woonsocket Police Relief Association			
3. State of Incorporation Rhode Island		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)			
4. NAICS Code 813990 - Other Similar Orgar ☐					
6. Principal Office Address 242 Clinton Street		City Woonsocket		State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David A Crepeau			Vice-President Name Christopher J Brooks		
Street Address 390 Dulude Avenue			Street Address 242 Clinton Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Michael E. Richardson			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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Robert Moreau			Director Name Brian J. Kane		
Street Address 149 Hamilton Street			Street Address 123 Dawn Blvd		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Roger Biron Jr			Director Name		
Street Address 6 Monica Lane			Street Address		
City Blackstone	State MA	Zip 01504	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Michael E. Richardson					Date 3/11/19
Signature of Officer/Authorized Representative 					

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