



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

FILED

JUN 10 2019

BY 240

Annual Report for the year: **2019**

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 000029389		2. Exact name of the Corporation Pawtucket Police Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Pawtucket Police Association offers its members a one time death benefit payment paid out to the members beneficiary.			
4. NAICS Code 813920 - Professional Org					
6. Principal Office Address 121 Roosevelt Ave.			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Cioe			Vice-President Name John Brown III		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Tina Goncalves			Treasurer Name Dino Giorgio		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark Boisclair			Director Name Robert Brown II		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name James Halpin			Director Name Paul King		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Dino Giorgio				Date 06/06/19	
Signature of Officer/Authorized Representative <i>Dino Giorgio</i>					