



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

FILED

Annual Report for the year: 2019
Non-Profit Corporation

JUL 01 2019
 BY 4445 ^{STANDARD} OS

- 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 29397		2. Exact name of the Corporation Warwick Lodge No. 7 Fraternal Order of Police, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fraternal lodge of current and former police officers			
4. NAICS Code 813910 - Business Assoc <input type="checkbox"/>					
6. Principal Office Address 95 Tanner Avenue		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jedidiah Pineau			Vice-President Name Geoffrey Waldman		
Street Address 95 Tanner Avenue			Street Address 95 Tanner Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Manuel Pacheco			Treasurer Name Brian Chianese		
Street Address 95 Tanner Avenue			Street Address 95 Tanner Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Jedidiah Pineau			Director Name Geoffrey Waldman		
Street Address 95 Tanner Avenue			Street Address 95 Tanner Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Manuel Pacheco			Director Name Brian Chianese		
Street Address 95 Tanner Avenue			Street Address 95 Tanner Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Jedidiah Pineau				Date 06-25-19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov