



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED**STAMP**

JUL 01 2019

BY

4445 DS

1. Entity ID Number 27941		2. Exact name of the Corporation The Building Ass'n of the Warwick F.O.P., 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					
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 Geoffry 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.					
<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 Jedidiah Pineau				Date 06-25-19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov