



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

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.

FILED

JUL 03 2019



R.I. Retired Deputy
Sheriffs Association

1. Entity ID Number 001056041		2. Exact name of the Corporation The Rhode Island Retired Sheriff's Association	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHARITABLE WORK / SOCIAL	
4. NAICS Code 813110			
6. Principal Office Address 551 LAUREL HILL AVE		City CRANSTON	State R.I
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT SWEET		Vice-President Name WILLIAM MENARD, JR	
Street Address 35 HARTFORD PIKE		Street Address 5 WAKE ROBIN ROAD #2204	
City NO SCITUATE	State R.I	City LINCOLN	State R.I
Zip 02857		Zip 02865	
Secretary Name GERALD NEWSHAM		Treasurer Name GERALD NEWSHAM	
Street Address 551 LAUREL HILL AVE		Street Address	
City CRANSTON	State RI	City	State
Zip 02920		Zip	
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 EDWARD GLORIA		Director Name CARMINE VALELLI	
Street Address 405 CAMDIXIE ROAD		Street Address 5 PRISCILLA DRIVE	
City PASCOAG	State RI	City CRANSTON	State RI
Zip 02859		Zip 02921	
Director Name GARY LOVERGAN		Director Name	
Street Address 396 CHAPMAN'S AVE		Street Address	
City WARWICK	State RI	City	State
Zip 02886		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative GERALD NEWSHAM			Date 06/30/19
Signature of Officer/Authorized Representative <i>Gerald Newsam</i> NOT A SIGNATURE HERE			