



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

Annual Report for the year: **2016**

Non-Profit Corporation

→ Filing period: June 1 - June 30

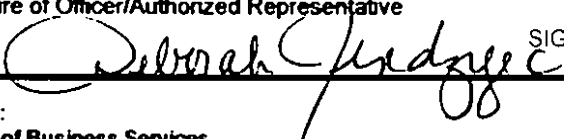
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 55050		2. Exact name of the Corporation Chiefs of Police Secretaries Association (LOPSA)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Cooperation and communication between secretaries to the Chiefs of Police in RI.			
4. NAICS Code 999999					
6. Principal Office Address 100 Federal Road		City Barrington		State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia Tweedie (Cumberland PD)			Vice-President Name Lori Anderson (Johnston PD)		
Street Address 1379 Diamond Hill Road			Street Address 1651 Atwood Avenue		
City Cumberland	State RI	Zip 02864	City Johnston	State RI	Zip 02919
Secretary Name Deborah Jendzejec (West Greenwich PD)			Treasurer Name Dawn Lawrence (Warren PD)		
Street Address 280 Victory Highway			Street Address 1 Joyce Street		
City West Greenwich	State RI	Zip 02817	City Warren	State RI	Zip 02885
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 Patricia Tweedie			Director Name Lori Anderson		
Street Address 1379 Diamond Hill Road			Street Address 1651 Atwood Avenue		
City Cumberland	State RI	Zip 02864	City Johnston	State RI	Zip 02919
Director Name Deborah Jendzejec			Director Name Dawn Lawrence		
Street Address 280 Victory Highway			Street Address 1 Joyce Street		
City West Greenwich	State RI	Zip 02817	City Warren	State RI	Zip 02885
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 Deborah Jendzejec					Date 01/30/17
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE 10/10/2019					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY **903404FJ**

FORM 631 - Revised: 05/2017