



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2014**

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 (COPSA)			
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 Laurie Metthe (Barrington PD)			Vice-President Name Lori Anderson (Johnston PD)		
Street Address 100 Federal Road			Street Address 1651 Atwood Avenue		
City Barrington	State RI	Zip 02806	City Johnston	State RI	Zip 02919
Secretary Name Beverly Gammell (Coventry PD)			Treasurer Name Dawn Lawrence (Warren PD)		
Street Address 1075 Main Street			Street Address 1 Joyce Street		
City Coventry	State RI	Zip 02816	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 Laurie Metthe			Director Name Lori Anderson		
Street Address 100 Federal Road			Street Address 1651 Atwood Avenue		
City Barrington	State RI	Zip 02806	City Johnston	State RI	Zip 02919
Director Name Beverly Gammell			Director Name Dawn Lawrence		
Street Address 1075 Main Street			Street Address 1 Joyce Street		
City Coventry	State RI	Zip 02816	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Laurie Metthe					Date 6/30/15
Signature of Officer/Authorized Representative <i>Laurie Metthe</i>					PLACE DOCUMENT HERE

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BY

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