



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 112254		2. Name of Corporation MILITARY POLICE REGIMENTAL ASSOCIATION of Rhode Island	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 541 AIRPORT Rd., 43d MP Bldg.	
		City WARWICK	Zip 02886-2424
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HONORING DESERVING VETERANS OF THE R.I. MILITARY POLICE CORP.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name CHARLES R. BRULE SR.		Vice President Name MICHAEL FITZPATRICK	
Street Address 20 STANTON AVE.		Street Address 40 DEBBIE DR	
City BARRINGTON	State RI	Zip 02806	City CRANSTON
			State RI
			Zip 02921
Secretary Name LEE-ANN A. LYONS		Treasurer Name DAVID C. BRINDAMOUR	
Street Address 9 HUNTER AVE		Street Address 50 PECKINS ST	
City JOHNSTON	State RI	Zip 02919	City W. WARWICK
			State R.I.
			Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name RICHARD J. VALENTE		Director Name MICHAEL R. RILEY	
Street Address 36 BARDEN LANE		Street Address 167 TICONDEROGA DR.	
City WARREN	State RI	Zip 02885	City WARWICK
			State R.I.
			Zip 02889
Director Name PAULINE M. WATERMAN		Director Name	
Street Address 2010 GRAVELLY HILL Rd.		Street Address	
City WAKEFIELD	State RI	Zip 02879	City
			State
			Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name SECURITY		Address	
Address		City	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
AUG 16 2005
BY AME
74354

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.

David C. Brindamour 8/16/05
Signature of Officer Date

DAVID C. BRINDAMOUR
Print or Type Name of Officer

TREASURER
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 112254		2. Name of Corporation MILITARY POLICE REGIMENTAL ASSOCIATION OF RHODE ISLAND	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 541 AIRPORT ROAD, 43d MP BDE.	
		City WARWICK	Zip 02886-2424
5. Foreign corporation. Enter principal office address HONORING DESERVING VETERANS			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HONORING DESERVING VETERANS OF THE R.I. MILITARY POLICE CORP			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name CHARLES R. BRULE SR.		Vice President Name MICHAEL FITZPATRICK	
Street Address 20 STANTON AVE.		Street Address 40 DEBBIE AVE	
City BARRINGTON	State RI	Zip 02806	City CRANSTON
Secretary Name LEE-ANN F. LYONS		Treasurer Name DAVID C. BRINDAMOUR	
Street Address 9 HUNTER AVE		Street Address 50 PERKINS ST	
City JOHNSTON	State RI	Zip 02919	City W. WARWICK
State RI		Zip 02893	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name RICHARD J. VALENTE		Director Name MICHAEL R. RILEY	
Street Address 36 BARDEN LANE		Street Address 167 TICONDEROGA DR	
City WARREN	State RI	Zip 02885	City WARWICK
State RI		Zip 02889	
Director Name PALINE M. WATERMAN		Director Name	
Street Address 201C GRAVELLY HILL RD		Street Address	
City WAKEFIELD	State RI	Zip 02879	City
State RI		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	
		Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

AUG 16 2005

By AME
74354

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.

David C. Brindamour 8/16/05
Signature of Officer Date

DAVID C. BRINDAMOUR
Print or Type Name of Officer

Treasurer
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 112254		2. Name of Corporation MILITARY POLICE REGIMENTAL ASSOCIATION of Rhode Island			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 541 Airport Rd., 43d M.P. Bldg.		City WARWICK	Zip 02886-2424
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HONORING DESERVING VETERANS of the RI Military Police Club					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHARLES R. BRULE SR			Vice President Name Michael Fitzpatrick		
Street Address 20 STANLEY AVE.			Street Address 40 DEBBIE DR		
City BARRINGTON	State RI	Zip 02806	City CRANSTON	State RI	Zip 02921
Secretary Name LEE-ANN A. LYONS			Treasurer Name DAVID C. BRINDAMOUR		
Street Address 9 HUNTER AVE.			Street Address 50 PERKINS ST		
City JOHNSTON	State RI	Zip 02919	City W. WARWICK	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name RICHARD J. VALENTE			Director Name MICHAEL R. RILEY		
Street Address 36 BARBEN LANE			Street Address 167 TICONDEROGA DR		
City WARREN	State RI	Zip 02885	City WARWICK	State RI	Zip 02889
Director Name AUGUSTINE M. WATERMAN			Director Name		
Street Address 201 C.S. GRAVELLY Hill Rd			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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AUG 16 2005
By AME
74354

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.

David C. Brindamour 8/16/05
Signature of Officer Date

DAVID C. BRINDAMOUR
Print or Type Name of Officer

TREASURER
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 112254		2. Name of Corporation MILITARY POLICE REGIMENTAL ASSOCIATION OF RHODE ISLAND			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 541 AIRPORT Rd, 43d M.P. Bldg.		City WARWICK	Zip 02886-2424
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HONORING DESERVING VETERANS OF THE R.I. MILITARY POLICE CORP					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHARLES R. BRUIE SR			Vice President Name MICHAEL FITZPATRICK		
Street Address 20 STANLEY AVE.			Street Address 40 DEBBIE DR.		
City BARRINGTON	State R.I.	Zip 02806	City CRANSTON	State R.I.	Zip 02921
Secretary Name LEE-ANN F. LYONS			Treasurer Name DAVID G. BRINDAMOUR		
Street Address 9 HUNTER AVE.			Street Address 50 PERKINS ST		
City JOHNSTON	State R.I.	Zip 02919	City W. WARWICK	State R.I.	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name RICHARD J. VALENTE			Director Name MICHAEL R. RILEY		
Street Address 36 BARDEN LANE			Street Address 167 TICONDEROGA DR		
City WARREN	State R.I.	Zip 02885	City WARWICK	State R.I.	Zip 02889
Director Name PAULINE M. WATERMAN			Director Name		
Street Address 201C GRAVELLY HILL RD.			Street Address		
City WAKEFIELD	State R.I.	Zip 02879	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND: DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City	Zip	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

AUG 16 2005

By AME
74354

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.

David C. Brindamour 8/16/05
Signature of Officer Date

DAVID G. BRINDAMOUR
Print or Type Name of Officer

TREASURER
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 112254		2. Name of Corporation MILITARY POLICE REGIMENTAL ASSOCIATION OF RHODE ISLAND			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 541 AIRPORT RD, 432 MP BLDG.		City WARWICK	Zip 02886-2424
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HONORING DESERVING MEMBERS AND VETERANS OF THE MILITARY POLICE CORP.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHARLES R. BRULE SR			Vice President Name Michael FITZPATRICK		
Street Address 20 STANLEY AVENUE			Street Address 40 DEBBIE DRIVE		
City BARRINGTON	State R.I.	Zip 02806	City CRANSTON	State R.I.	Zip 02921
Secretary Name Lee-Ann A. Lyons			Treasurer Name DAVID C. BRINDAMOUR		
Street Address 9 Hunter Avenue			Street Address 50 PERKINS ST.		
City Johnston	State RI	Zip 02919	City W. WARWICK	State R.I.	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name RICHARD J. VALENTE			Director Name Michael R. Riley		
Street Address 36 BARDEN LANE			Street Address 167 Ticonderoga Drive		
City WARREN	State RI	Zip 02885	City WARWICK	State RI	Zip 02889-4317
Director Name PAULINE M. WATERMAN			Director Name		
Street Address 2010 GRAVELLY HILL ROAD			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City	State	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
AUG 16 2005
By AMF
74354

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.

David C. Brindamour 8/16/05
Signature of Officer Date
DAVID C. BRINDAMOUR
Print or Type Name of Officer
TREASURER
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY