



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

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FILED
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Annual Report for the year:
 Non-Profit Corporation

2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.



R.I. Retired Deputy
 Sheriffs Association
 551 Laurel Hill Ave.
 Cranston, R.I. 02920

1. Entity ID Number 001056041		2. Exact name of the Corporation RI, RETIRED DEPUTY SHERIFFS ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SOCIAL ORGANIZATION, CHARITABLE WORK	
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 RAY TUDINO	
Street Address 35 HARTFORD PIKE		Street Address 10 MANILA STREET	
City NORTH SCITUATE	State RI	Zip 02857	City NO. PROV
			State RI
			Zip 02911
Secretary Name GERALD NEWSHAM		Treasurer Name G...	
Street Address 551 LAUREL HILL AVE		Street Address	
City CRANSTON	State RI	Zip 02920	City
			State
			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 CAMP NIXIE ROAD		Street Address 5 PRISCILLA DRIVE	
City PASCOA	State RI	Zip 02859	City CRANSTON
			State RI
			Zip 02921
Director Name GARY LONERGAN		Director Name	
Street Address 396 CHAPMAN'S AVE		Street Address	
City WARWICK	State RI	Zip 02806	City
			State
			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.			
<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 GERALD NEWSHAM		Date 06/30/2020	
Signature of Officer/Authorized Representative <i>Gerald Newsam</i>		SIGNATURE HERE	

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