



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

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R.I. DEPT. OF STATE
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Annual Report for the year:

2015

Non-Profit Corporation

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→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

1. Entity ID Number 000799465		2. Exact name of the Corporation Association of Retired Coventry Police Officers	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To protect and safe keep all benefits of retired Coventry Police officers.	
4. NAICS Code 813990			
6. Principal Office Address 40 York Dr.		City Coventry	State RI
		Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAVID TOMASSO		Vice-President Name Thomas Noret	
Street Address 40 York Dr.		Street Address 225 Fairview Ave	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Stephen Michailides		Treasurer Name Robert Martin	
Street Address 17 Squirrels Run		Street Address 113 Colvintown Rd.	
City West Greenwich	State RI	City Coventry	State RI
Zip 02817		Zip 02816	
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 John Sullivan		Director Name Robert Sturdahl	
Street Address 113 Phoenix Ave		Street Address 31 Centennial St.	
City West Warwick	State RI	City Coventry	State RI
Zip 02893		Zip 02816	
Director Name Kurt Wallace		Director Name Stephen Michailides	
Street Address 1471 Maple Valley Rd.		Street Address 17 Squirrels Run	
City Coventry	State RI	City West Greenwich	State RI
Zip 02816		Zip 02817	
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 DAVID TOMASSO			Date 5/9/20
Signature of Officer/Authorized Representative 			
SIGN DOCUMENT 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

FILED

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FORM 631 - Revised: 06/2017

BY 9SHIG