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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 17 2021
BY

Annual Report for the year: 2021
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.

1. Entity ID Number	2. Exact name of the Corporation
000056041	R.I. RETIRED DEPUTY SHERIFFS ASSOCIATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island
4. NAICS Code: 813110	SOCIAL ORGANIZATION; CHARITABLE WORK

6. Principal Office Address	City	State	Zip
551 LAUREL HILL AVE	CRANSTON	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
VACANT	RAY TUSINO
Street Address: ELECTION NOV, 2021	Street Address: 10 MANILA ST.
City / State / Zip	City: NO. PROV. / State: RI / Zip: 02911
Secretary Name: GERALD NEWSHAM	Treasurer Name: GERALD NEWSHAM
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 ☐

Director Name	Director Name
EDWARD GLORIA	CARMINE VALELLI
Street Address: 405 CAMP DIXIE ROAD	Street Address: 143 SHAWOMET AVE
City: PASCOAG / State: RI / Zip: 02859	City: WARWICK / State: RI / Zip: 02889
Director Name: GARY LONERGAN	Director Name
Street Address: 50 SOUTH PONDS ROAD	Street Address
City: STARK / State: N.H. / Zip: 03852	City / State / Zip

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
GERALD NEWSHAM	06/15/2021

Signature of Officer/Authorized Representative: Gerald Newsham

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

FORM 631 - Revised: 08/2020