



State of Rhode Island
Department of State - Business Services Division

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.

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1. Entity ID Number 000484668		2. Exact name of the Corporation Rhode ISLAND Deputy Sheriffs Fraternal Order of Police Lodge #38	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Active AND Retired Deputy Sheriffs; A SOCIAL ORGANIZATION FOR PROFESSIONAL LAW ENFORCEMENT; Our Mission is to ASSIST other NON-Profit Entities; CHARITABLE.	
4. NAICS Code 813920 Professional organization			
6. Principal Office Address Post office Box 1383		City Providence	State RI
		Zip 02901	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Timothy J. Agnew		Vice-President Name LeRoy Vieira	
Street Address 73 Mount Pleasant View AVE.		Street Address 53 Texas Avenue	
City Cumberland	State RI	City Providence	State RI
Zip 02864		Zip 02904	
Secretary Name STACEY FANTINI		Treasurer Name MATTHEW KULIGOWSKI	
Street Address 69 Burr Street		Street Address 11 Thibeault Frail	
City CRANSTON	State RI	City Smithfield	State RI
Zip 02920		Zip 02917	
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 Jeffrey Fallon		Director Name Timothy Agnew	
Street Address 52 Winter Street		Street Address 73 Mount Pleasant View AVE.	
City Somerset	State MASS	City Cumberland	State RI
Zip 02726		Zip 02864	
Director Name Le Roy Vieira		Director Name N/A	
Street Address 53 Texas Avenue		Street Address	
City Providence	State RI	City	State
Zip 02904		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.			
<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 Timothy J. Agnew		President	Date 6-15-2021
Signature of Officer/Authorized Representative <i>Timothy J. Agnew</i>		President	

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