



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

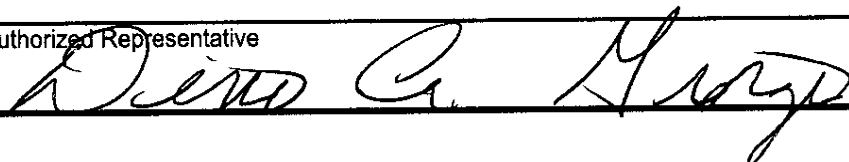
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
STAMP

JUN 22 2021

BY

ALDO S

1. Entity ID Number 000029389		2. Exact name of the Corporation Pawtucket Police Associaion			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Pawtucket Police Association offers its members a one time death benefit payment paid out to the members beneficiary.			
4. NAICS Code 813920 - Professional Organiz ☐					
6. Principal Office Address 121 Roosevelt Ave.		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael Cioe		Vice-President Name John Donley			
Street Address 121 Roosevelt Ave.		Street Address 121 Roosevelt Ave.			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Jeffrey Furtado		Treasurer Name Dino Giorgio			
Street Address 121 Roosevelt Ave.		Street Address 121 Roosevelt Ave.			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Mark Boisclair		Director Name Robert Brown II			
Street Address 121 Roosevelt Ave.		Street Address 121 Roosevelt Ave.			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Paul King		Director Name Tina Goncalves			
Street Address 121 Roosevelt Ave.		Street Address 121 Roosevelt Ave.			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Dino Giorgio				Date 06/17/2021	
Signature of Officer/Authorized Representative 					

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