



FILED

State of Rhode Island
Department of State - Business Services Division

JUN 28 2021

Annual Report for the year: **2021**
Non-Profit Corporation

BY _____ *DS*
356

- 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 <i>101993</i>		2. Exact name of the Corporation Jamestown Police Officers Benevolent Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To raise, hold and invest contributed funds for charitable, benevolent, civic activities of the Jamestown Police Department.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 250 Conanicus Avenue		City Jamestown	State RI	Zip 02835	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Derek Carlino			Vice-President Name Jeffrey Petrarca		
Street Address 250 Conanicus Avenue			Street Address 250 Conanicus Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Chad Specht			Treasurer Name Nathaniel Schaffer		
Street Address 250 Conanicus Avenue			Street Address 250 Conanicus Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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 Derek Carlino			Director Name Jeffrey Petrarca		
Street Address 250 Conanicus Avenue			Street Address 250 Conanicus Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Chad Specht			Director Name Nathaniel Schaffer		
Street Address 250 Conanicus Avenue			Street Address 250 Conanicus Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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 Derek Carlino				Date 6/24/2021	
Signature of Officer/Authorized Representative <i>[Signature]</i>					