



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022
Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000484668		2. Exact name of the Corporation Rhode Island Deputy Sheriff's 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 Sheriff's; 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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name TIMOTHY AGNEW		Vice-President Name JEFFREY FALLON	
Street Address 130 BOURNE AVENUE, APT. 9		Street Address 52 WINTER STREET	
City RUMFORD	State RI	City SOMERSET	State MA
Zip 02916		Zip 02726	
Secretary Name STACEY FANTINI		Treasurer Name MATHEW KULIGOWSKI	
Street Address 69 BURR STREET		Street Address 11 THIBEAULT TRAIL	
City CRAUSTON	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 DAVID LANE		Director Name TIMOTHY AGNEW	
Street Address 126 AUSTIN AVENUE		Street Address 130 BOURNE AVENUE, APT. 9	
City GREENVILLE	State RI	City RUMFORD	State RI
Zip 02828		Zip 02916	
Director Name JEFFREY FALLON		Director Name N/A	
Street Address 52 WINTER STREET		Street Address	
City SOMERSET	State MA	City	State
Zip 02726		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative TIMOTHY J. AGNEW		President	Date 2-10-2022
Signature of Officer/Authorized Representative <i>Timothy J. Agnew</i>		<i>President</i>	

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

FEB 10 2022
BY ADFEZEDQ FORM 631 - Revised: 11/2021