



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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.

RECEIVED
RI DEPT. OF STATE
BUS. SVCS. DIV.
2022 AUG 24 AM 1:06

1. Entity ID Number 00095203		2. Exact name of the Corporation Rhode Island State FOP Foundation, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote and foster the enforcement of law and order. To improve the individual and collective proficiency of our members in the performance of their duties.	
4. NAICS Code 813930 - Labor Unions and Si <input type="checkbox"/>			
6. Principal Office Address 95 Tanner Avenue		City Warwick	State RI Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Donley		Vice-President Name Corey Huck	
Street Address 95 Tanner Avenue		Street Address 95 Tanner Avenue	
City Warwick	State RI	City Warwick	State RI Zip 02886
Secretary Name Jedidiah Pineau		Treasurer Name Patrick Walsh	
Street Address 95 Tanner Avenue		Street Address 95 Tanner Avenue	
City Warwick	State RI	City Warwick	State RI Zip 02886
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 John Donley		Director Name Jedidiah Pineau	
Street Address 95 Tanner Avenue		Street Address 95 Tanner Avenue	
City Warwick	State RI	City Warwick	State RI Zip 02886
Director Name Corey Huck		Director Name Patrick Walsh	
Street Address 95 Tanner Avenue		Street Address 95 Tanner Avenue	
City Warwick	State RI	City Warwick	State RI Zip 02886
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 Patrick Walsh			Date 8/22/22
Signature of Officer/Authorized Representative 			FILED AUG 24 2022 BY: J Q Q H D M 11:07