



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 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.

FILED
JAN 30 2023
 BY 2443

1. Entity ID Number 524177		2. Exact name of the Corporation Central Falls Fraternal Order of Police Lodge #2			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Bargaining agent for all full-time officers (excluding chief) of the City of Central Falls			
4. NAICS Code 813930 - Labor Unions and Simil					
6. Principal Office Address 160 Illinois Street		City Central Falls	State RI	Zip 02863	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Robert Matook			Vice-President Name Kerry Craig		
Street Address 160 Illinois Street			Street Address 160 Illinois Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Boris Colindres			Treasurer Name Joseph Tougas		
Street Address 160 Illinois Street			Street Address 160 Illinois Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
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 Robert Matook			Director Name Kerry Craig		
Street Address 160 Illinois Street			Street Address 160 Illinois Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Boris Colindres			Director Name Joseph Tougas		
Street Address 160 Illinois Street			Street Address 160 Illinois Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
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 Robert Matook				Date ✓ 1/27/23	
Signature of Officer/Authorized Representative 					

MAIL TO:
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