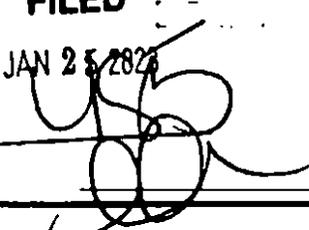




State of Rhode Island
Department of State - Business Services Division

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 25 2023
 BY 

1. Entity ID Number 000307272		2. Exact name of the Corporation Washington County Fraternal Order of Police-Lodge #40-Charlestown			
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 proficiency of our members in the performance of their duties, along with social, educational, and charitable activities among law enforcement officers.			
4. NAICS Code 813930					
6. Principal Office Address PO Box 360			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Petrocelli			Vice-President Name William Campbell		
Street Address 4901 Old Post Rd			Street Address 4901 Old Post Rd		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Christopher Bruso			Treasurer Name Michael Carrasquillo		
Street Address 4901 Old Post Rd			Street Address 4901 Old Post Rd		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Michael Carrasquillo			Director Name Robert Petrocelli		
Street Address 4901 Old Post Rd			Street Address 4901 Old Post Rd		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Christopher Bruso			Director Name		
Street Address 4901 Old Post Rd			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Michael Carrasquillo				Date 01/19/2023	
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