RI SOS Filing Number: 202327930110 Date: 2/6/2023 4:00:00 PM

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## t of State - Business Services Division

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

FEB 0 6 2023 &

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

<del></del>							
1. Entity ID Number	2. Exact name of the Corporation						
000358748	North Smithfield Local 410 International Brotherhood of Police Offic						
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Conduct fundraisers throughout the year, provide sponsorships and donations						
4. NAICS Code	to other entities.						
624230 - Emergency and Other R							
6. Principal Office Address			City	State	Zip		
575 Smithfield Road			North Smithfield	RI	02896		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Gregory Chito			Vice-President Name Steven Donovan				
Street Address 575 Smithfield Road			Street Address 575 Smithfield Rd				
City North Smithfield	State RI	<sup>Zip</sup> 02896	City North Smithfield	State RI	<sup>Zip</sup> 02896		
Secretary Name Emmanuel Avila			Treasurer Name Justin Switzer				
Street Address 575 Smithfield Road			Street Address 575 Smithfield Road				
City North Smithfield	State RI	<sup>Zip</sup> 02896	City North Smithfield	State RI	<sup>Zip</sup> 02896		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City	State RI	<sup>Zip</sup> 02896		
Director Name None			Director Name  None				
Street Address			Street Address				
City	State	Zip	City	State	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.							
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  Steven Ponouch VP				Date 1/14/2023			
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