RI SOS Filing Number: 202335294680 Date: 5/3/2023 4:00:00 PM

## qte - Business Services Division

r: 2023

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-y ming nee: \$20.00

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

| 1. Entity ID Number 00095203   | 2. Exact name of the Corporation  Rhode Island State FOP Foundation, Inc.                |                                 |                                      |                      |                      |
|--|--|---------------------------------|--------------------------------------|----------------------|----------------------|
| 3. State of Incorporation  | Brief description of the character of business conducted in Rhode Island                 |                                 |                                      |                      |                      |
| RI   | To promote and foster the enforcement of law and order. To improve the                   |                                 |                                      |                      |                      |
| 4. NAICS Code  | individual and collective proficiency of our members in the performance of their duties. |                                 |                                      |                      |                      |
| 813930 - Labor Unions and Si   |  |                                 |                                      |                      |                      |
| 6. Principal Office Address  |  |                                 | City                                 | State                | Zip                  |
| 95 Tanner Ave.   |  |                                 | Warwick                              | RI                   | 02886                |
| 7. List ALL officers (names and add  |  |                                 | cate an attachment                   |                      |                      |
| President Name John Donley   |  |                                 | Vice-President Name Jedidiah Pineau  |                      |                      |
| Street Address 95 Tanner Ave   |  |                                 | Street Address 95 Tanner Ave         |                      |                      |
| City Warwick   | State RI   | <sup>Zip</sup> 02886            | <sup>City</sup> Warwick              | State RI             | <sup>Zip</sup> 02886 |
| Secretary Name Joseph Tougas   |  |                                 | Treasurer Name Eric Falcofsky        |                      |                      |
| Street Address 95 Tanner Ave   |  |                                 | Street Address 95 Tanner Ave         |                      |                      |
| <sup>City</sup> Warwick  | State RI   | <sup>Z<sub>1</sub>p</sup> 02886 | City Warwick                         | State RI             | <sup>Zip</sup> 02886 |
| 8. List ALL directors (names and ac  | ddresses). Rl Coη  | porations MUST li               |                                      | eck the box to indic | ate an attachment    |
| Director Name John Donley  |  |                                 | Director Name Jedidiah Pineau        |                      |                      |
| Street Address 95 Tanner Ave   |  |                                 | Street Address 95 Tanner Ave         |                      |                      |
| City Warwick   | State RI   | <sup>Zip</sup> 02886            | City Warwick                         | State RI             | <sup>Zip</sup> 02886 |
| Director Name Joseph Tougas  |  |                                 | Director Name Eric Falcofsky         |                      |                      |
| Street Address 95 Tanner Ave   |  |                                 | Street Address 95 Tanner Ave         |                      |                      |
| <sup>City</sup> Warwick  | State RI   | <sup>Zip</sup> 02886            | City Warwick                         | State RI             | <sup>Zip</sup> 02886 |
| 9. The Registered Agent informatio   | n of record with th  | e RI Department                 | of State is accurate. Changes requir | re filing Form 641   | l                    |
| 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  |  |                                 |                                      | Date                 | 1                    |
| Joseph Tougas  |  |                                 |                                      | 4/24                 | 193                  |
| 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