



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

MAY 26 2023

EV

1. Entity ID Number 29397		2. Exact name of the Corporation Warwick Lodge No. 7 Fraternal Order of Police, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fraternal lodge of current and former police officers	
4. NAICS Code 813910 - Business Association			
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 Jedidiah Pineau		Vice-President Name Geoffrey Waldman	
Street Address 95 Tanner Avenue		Street Address 95 Tanner Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Secretary Name Manuel Pacheco		Treasurer Name Brian Chianese	
Street Address 95 Tanner Avenue		Street Address 95 Tanner Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02886		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 Jedidiah Pineau		Director Name Geoffrey Waldman	
Street Address 95 Tanner Avenue		Street Address 95 Tanner Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Director Name Manuel Pacheco		Director Name Brian Chianese	
Street Address 95 Tanner Avenue		Street Address 95 Tanner Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02886		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 Jedidiah Pineau		Date 5/21/23	
Signature of Officer/Authorized Representative			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021