State of Rhode Island
Department of State - Business Services Division

FEB 14 2024

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Annual Report for the year: 2024
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.

1. Entity ID Number	2. Exact name of the Corporation
000795054	FRATERNAL ORDER OF POLICE LODGE #51
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: BENEFITS OF ITS RETIRED MEMBERS
4. NAICS Code: 812930	

6. Principal Office Address	City	State	Zip
44 WOODCOCK TRAIL	CHARLESTOWN	RI	02813

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MARCEL BEAUSOLEIL	RONALD PENNINGTON
Street Address: 15 ROBERT ST	Street Address: 434 COLWELL RD
City: CUMBERLAND; State: RI; Zip: 02864	City: HARRISVILLE; State: RI; Zip: 02825
Secretary Name	**Treasurer Name**
BRIAN KANE	RENO MACULAN
Street Address: 123 DAWN BLVD	Street Address: 44 WOODCOCK TR
City: WOONSOCKET; State: RI; Zip: 02895	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 ☐

Director Name	Director Name
PAUL LARUE	MICHAEL RICHARDSON
Street Address: 476 DUBUQUE AVE	Street Address: 60 KENNEDY ST
City: WOONSOCKET; State: RI; Zip: 02895	City: WOONSOCKET; State: RI; Zip: 02895
Director Name: NORMAND CREPEAU	Director Name:
Street Address: 26 BON BON JEAN CT	Street Address:
City: GRAFTON; State: MA; Zip: 01519	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	Date
RENO BRUCE MACULAN	2-8-2024

Signature of Officer/Authorized Representative: Reno Bruce Maculan

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 04/2021