



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FILED

FEB 23 2024

BY 11701

1. Entity ID Number <u>000484668</u>		2. Exact name of the Corporation <u>Rhode Island Deputy Sheriffs Fraternal Order of Police Lodge #38</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Active AND Retired Deputy Sheriffs; A Social organization for Professional Law Enforcement; Our Mission is to Assist other Non-Profit Entities; Charitable.</u>	
4. NAICS Code <u>813920 ORGANIZATION</u>			
6. Principal Office Address <u>Post Office Box 1383</u>		City <u>Providence</u>	State <u>R.I.</u> Zip <u>02901</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Timothy Agnew</u>		Vice-President Name <u>Jeffrey Fallon</u>	
Street Address <u>130 Bourne Avenue, Apt. 9</u>		Street Address <u>52 Winter Street</u>	
City <u>Rumford</u>	State <u>R.I.</u> Zip <u>02916</u>	City <u>Somerset</u>	State <u>MA</u> Zip <u>02726</u>
Secretary Name <u>Stacey FANTINI</u>		Treasurer Name <u>Mathew Kuligowski</u>	
Street Address <u>69 Burr Street</u>		Street Address <u>11 Thibeault Trail</u>	
City <u>Cranston</u>	State <u>R.I.</u> Zip <u>02920</u>	City <u>Smithfield</u>	State <u>R.I.</u> Zip <u>02917</u>
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 <u>DAVID LANE</u>		Director Name <u>Timothy Agnew</u>	
Street Address <u>126 Austin Avenue</u>		Street Address <u>130 Bourne Avenue Apt. 9</u>	
City <u>Greenville</u>	State <u>R.I.</u> Zip <u>02828</u>	City <u>Rumford</u>	State <u>RI</u> Zip <u>02916</u>
Director Name <u>Jeffrey Fallon</u>		Director Name <u>N/A</u>	
Street Address <u>52 Winter Street</u>		Street Address	
City <u>Somerset</u>	State <u>MA</u> Zip <u>02726</u>	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 <u>Timothy Agnew</u>		President	Date <u>2-21-2024</u>
Signature of Officer/Authorized Representative <u>Timothy J. Agnew</u>		President	

MAIL TO:
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