



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

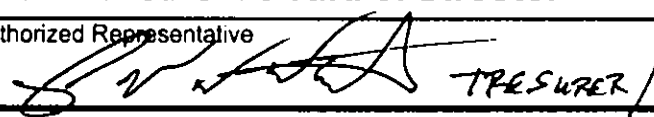
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

REC'D RIDOS 350
24 SEP 19 4:20:52

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2024 SEP 19 A 10:54

1. Entity ID Number 29819		2. Exact name of the Corporation Commissioned Police Officers Association of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To Promote the Good Welfare of It's Members			
4. NAICS Code 813319					
6. Principal Office Address 573 Park Avenue			City Portsmouth	State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pasquale Sperlongano			Vice-President Name Charles J. Mulcahey		
Street Address 47 Highwood Drive			Street Address 184 Poor Farm Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Stephen E. Brooks			Treasurer Name Paul V. Valente		
Street Address 227 Butternut Drive			Street Address 573 Park Avenue		
City North Kingstown	State RI	Zip 02852	City Portsmouth	State RI	Zip 02871
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 Pasquale Sperlongano			Director Name Charles J. Mulcahey		
Street Address 47 Highwood Drive			Street Address 184 Poor Farm Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Stephen E. Brooks			Director Name Paul V. Valente		
Street Address 227 Butternut Drive			Street Address 573 Park Avenue		
City North Kingstown	State RI	Zip 02852	City Portsmouth	State RI	Zip 02871
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Paul V. Valente Treasurer / Board of Director					Date 09-17-2024
Signature of Officer/Authorized Representative  TREASURER / BOARD OF DIRECTOR					

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

SEP 19 2024

BY **F50DY**
FORM 631- Revised 12/2023