



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2025**

**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**  
MAR 21 2025  
BY

1. Entity ID Number <b>000030079</b>		2. Exact name of the Corporation <b>Westerly Police Reserves</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Reserve unit for the Westerly Police Department</b>			
4. NAICS Code <b>813219</b>					
6. Principal Office Address <b>60 Airport Road</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>Darrel Koza</b>			Vice-President Name <b>Mark Giorno</b>		
Street Address <b>163 Oakwoods Drive</b>			Street Address <b>18 Batterson Avenue</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Mark Akesson</b>			Treasurer Name <b>Mark Akesson</b>		
Street Address <b>26 Ledward Avenue</b>			Street Address <b>26 Ledward Avenue</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Dennis Evans</b>			Director Name <b>Mark Melanson</b>		
Street Address <b>41 Washington Avenue</b>			Street Address <b>10 N. Stuart Street</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Frank Manfredi</b>			Director Name <b>None</b>		
Street Address <b>169 Bradford Road</b>			Street Address <b>None</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Mark Akesson</b>				Date <b>March 19, 2025</b>	
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](http://www.sos.ri.gov)