



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 000030079		2. Exact name of the Corporation Westerly Police Reserves			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Reserve unit for the Westerly Police Department			
4. NAICS Code 813219					
6. Principal Office Address 60 Airport Road			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Darrel Koza			Vice-President Name Mark Giorno		
Street Address 163 Oakwoods Drive			Street Address 18 Batterson Avenue		
City Wakefield	State RI	Zip 02879	City Westerly	State RI	Zip 02891
Secretary Name Mark Akesson			Treasurer Name Mark Akesson		
Street Address 26 Ledward Avenue			Street Address 26 Ledward Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Dennis Evans			Director Name Mark Melanson		
Street Address 41 Washington Avenue			Street Address 10 N. Stuart Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Frank Manfredi			Director Name None		
Street Address 169 Bradford Road			Street Address None		
City Westerly	State RI	Zip 02891	City None	State None	Zip None
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 Mark Akesson				Date March 19, 2025	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

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