RI SOS Filing Number: 202572594130 Date: 4/30/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 30 2025
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
28627	Providence Lodge #3 Fraternal Order of Police
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Fraternal lodge of current and former police officers
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
40 Sheridan Street	Providence	RI	02909

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

President Name: Michael Imondi			Vice-President Name: Michael Pattie		
Street Address: 40 Sheiran Street			Street Address: 40 Sheridan Street		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Secretary Name: Michael Clary			Treasurer Name: Lou GianFrancesco		
Street Address: 40 Sheridan Street			Street Address: 40 Sheridan Street		
City: Providene	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Michael Imondi			Director Name: Michael Pattie		
Street Address: 40 Sheridan Street			Street Address: 40 Sheridan Street		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Director Name: Michael Clary			Director Name: Lou GianFrancesco		
Street Address: 40 Sheridan Street			Street Address: 40 Sheridan Street		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909

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
MICHAEL D. IMONDI SR	3/4/25

Signature of Officer/Authorized Representative: Michael D. Imondi Sr.

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. 12/2023