RI SOS Filing Number: 202572597870 Date: 4/30/2025 4:00:00 PM



## State of Rhode Island **Department of State - Business Services Division**

**FILED** 

APR 30 2025 BY 3018

## 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				
000029389	Pawtucket Police Association				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	The Pawtucket Police Association offers its members a one time death				
4. NAICS Code	benefit payment paid out to the members beneficiary.				
813920					
6. Principal Office Address			City	State	Ζίρ
121 Roosevelt Ave.			Pawtucket	RI	02860
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Michael Cioe			Vice-President Name John Donley		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	<sup>City</sup> Pawtucket	State RI	Z <sub>IP</sub> 02860
Secretary Name Jeffrey Furtado			Treasurer Name Dino Giorgio		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket	State RI	Z <sub>ip</sub> 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Mark Boisclair			Director Name Robert Brown II		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860
Director Name Paul King			Director Name Tina Goncalves		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	<sup>City</sup> Pawtucket	State RI	<sup>Z<sub>ip</sub></sup> 02860
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	
Dino Giorgio				04/28/2025	
Signature of Officer/Authorized Representative					
MAIL TO:					
MAIL 10.					

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov