



State of Rhode Island
Department of State - Business Services Division

FILED

APR 30 2025

Annual Report for the year: 2025

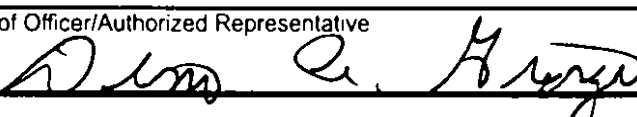
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

BY 3018

1. Entity ID Number 000029389		2. Exact name of the Corporation Pawtucket Police Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Pawtucket Police Association offers its members a one time death benefit payment paid out to the members beneficiary.			
4. NAICS Code 813920					
6. Principal Office Address 121 Roosevelt Ave.		City Pawtucket		State RI	Zip 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.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Jeffrey Furtado			Treasurer Name Dino Giorgio		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 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.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Paul King			Director Name Tina Goncalves		
Street Address 121 Roosevelt Ave.			Street Address 121 Roosevelt Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 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 Dino Giorgio				Date 04/28/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
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