State of Rhode Island
Department of State - Business Services Division

FILED
APR 30 2025 STAMP
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: 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	City	State	Zip
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.		
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	Date
Dino Giorgio	**04/28/2025**

Signature of Officer/Authorized Representative: Dino A. Giorgio

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