



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

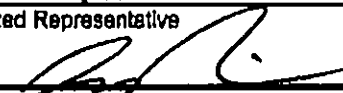
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

RECEIVED
R.I. DEPT. OF ST.
BUS. SVCS.
2025 MAY 12 PM 4:00

1. Entity ID Number 42078		2. Exact name of the Corporation The Fraternal Order of Police Lounge			
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					
8. Principal Office Address 95 Tanner Avenue		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jedidiah Pineau			Vice-President Name Geoffrey Waldman		
Street Address 95 Tanner Avenue			Street Address 95 Tanner Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Manuel Pacheco			Treasurer Name Brian Chanese		
Street Address 95 Tanner Avenue			Street Address 95 Tanner Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Jedidiah Pineau			Director Name Geoffrey Waldman		
Street Address 95 Tanner Avenue			Street Address 95 Tanner Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Manuel Pacheco			Director Name Brian Chanese		
Street Address 95 Tanner Avenue			Street Address 95 Tanner Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Jedidiah Pineau					Date 5-2-25
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

AA.

MAY 12 2025
BY 1943

FORM 631 - Revised 12/2023