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 STATE
BUSINESS SVCS
2025 MAY 12 P 4:00

1. Entity ID Number	2. Exact name of the Corporation
42078	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	

6. Principal Office Address	City	State	Zip
95 Tanner Avenue	Warwick	RI	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 Chianese		
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 Chianese		
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	Date
Jedidiah Pineau	5-2-25

Signature of Officer/Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED AA.
MAY 12 2025
BY 1943

FORM 631- Revised: 12/2023