



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

Annual Report for the year: 2020  
 Non-Profit Corporation

FILED

JUN 29 2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 5750 DS

1. Entity ID Number <b>28659</b>		2. Exact name of the Corporation <b>PROVIDENCE POLICE ASSOCIATION</b>	
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO PAY SICK AND DEATH BENEFITS TO MEMBERS AND THEIR FAMILIES (83990)</b>	
5. Principal Office Address <b>325 WASHINGTON ST.</b>		City <b>PROVIDENCE</b>	State <b>R.I.</b>
		Zip <b>02905</b>	
6. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <b>JOHN EGAN SR.</b>		Vice-President Name <b>JOHN McBEHCARTY</b>	
Street Address <b>108 BALSAM RD.</b>		Street Address <b>26 LONGWOOD AVE</b>	
City <b>SO. KINGSTON</b>	State <b>R.I.</b>	City <b>PROVIDENCE</b>	State <b>R.I.</b>
Zip <b>02879</b>		Zip <b>02908</b>	
Secretary Name <b>MARTIN F. NAMES</b>		Treasurer Name <b>JOHN McCAUGHY</b>	
Street Address <b>126 ALBERT AVE.</b>		Street Address <b>28 DAHLIA ST.</b>	
City <b>CRANSTON</b>	State <b>R.I.</b>	City <b>WARWICK</b>	State <b>R.I.</b>
Zip <b>02905</b>		Zip <b>02888</b>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <b>RAYMOND KING</b>		Director Name <b>MARTIN W. NAMES</b>	
Street Address <b>71 LENNON ST</b>		Street Address <b>8 BAXTER LANE</b>	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	City <b>GREENVILLE</b>	State <b>R.I.</b>
Zip <b>02908</b>		Zip <b>02828</b>	
Director Name <b>NORMAN ARSENAULT</b>		Director Name	
Street Address <b>37 ARMINGTON AVE</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	City	State
Zip <b>02908</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>MARTIN F NAMES</b>			Date <b>6/25/20</b>
Signature of Officer/Authorized Representative <i>Martin F Names</i>			SIGN DOCUMENT HERE

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