



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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.

FILED STAMP
 JAN 10 2022
 DEPARTMENT OF STATE
 BY [Signature]

1. Entity ID Number 000792535		2. Exact name of the Corporation North Providence Police Retirees Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The North Providence Police Retirees Association (NPPRA) is organized exclusively for providing educational scholarships to support graduating North Providence Rhode Island High School students to attend Colleges and			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 5 Hemlock Street			City Narragansett	State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Thomas Richardson			Vice-President Name Donald Sousa		
Street Address 5 Hemlock Street			Street Address 4 Domin Avenue		
City Narragansett	State RI	Zip 02882	City Smithfield	State RI	Zip 02917
Secretary Name David Bradley			Treasurer Name John Arzoomanian		
Street Address 12 Clearmeadow Drive			Street Address 111 Peepload Road		
City North Providence	State RI	Zip 02911	City Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas Richardson			Director Name John Arzoomanian		
Street Address 5 Hemlock Street			Street Address 111 Peepload Road		
City Narragansett	State RI	Zip 02882	City Scituate	State RI	Zip 02857
Director Name Donald Sousa			Director Name		
Street Address 4 Domin Avenue			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
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 Thomas Richardson				Date 01/04/2022	
Signature of Officer/Authorized Representative Thomas Richardson					

MAIL TO:
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