



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

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.

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BY 1059
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1. Entity ID Number 31867		2. Exact name of the Corporation Woonsocket Police Relief Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide Death Benefits for members (Active Duty and Retired Members) of the Woonsocket Police Department			
4. NAICS Code 813990					
6. Principal Office Address 242 Clinton Street		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David A. Crepeau			Vice-President Name Christopher J Brooks		
Street Address 300 Dulude Avenue			Street Address 242 Clinton Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Michael E Richardson			Treasurer Name R Bruce Maculan		
Street Address 60 Kennedy Street			Street Address 44 Woodcock Trail		
City Woonsocket	State RI	Zip 02895	City Charlestown	State RI	Zip 02813
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 Robert Moreau			Director Name Brian J Kane		
Street Address 211 Morin Street			Street Address 123 Dawn Blvd		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Roger Biron Jr			Director Name		
Street Address 6 Monica Lane			Street Address		
City Blackstone	State MA	Zip 01504	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Michael E Richardson					Date February 6, 2024
Signature of Officer/Authorized Representative <i>Michael E Richardson</i>					<i>2/6/24</i>

MAIL TO:
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