

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

148 W. River Street Providence, RI 02904-2615 401-2223040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.						
1. Corporate 1D No.	2. Name of Corporation CRANGTON	BliCE DEPARTA	NEW RETIREE'S	ASSOCIATION	N	
3. State of Incorporation RHOVE ISLAND	4. Corporate address in R	hode Island - Street Address	PRES INEXT	CRAGEN	01920	
5. Foreign corporation. Enter prin	ncipal office address	73 URBANA	9 TREET	State	Ziţı	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO BRING WILL RETIRED MENIBERS OF THE CRANSTON POLICE DEPT TOYETER						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name JOSEPOH CICIONE SE.			Vice President Name FLOY D GMITH			
73 URBANA STREST			Street Address STAM RUE			
CRANGEN	State RI	02920	CRAVETON	state RI	01910	
PHILIF (AL)	IR I		HOTING! JOSEPh	CICIONE :	JA	
Street spilling LEM	STREET		Street Address URBANA	STREET		
CRANSTON	State RI	02920	CRANSTON	State RI	32920	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Director Name j) . /		Director Name			
FRANKLIN K	164/185		ZOWARD RU	AN		
Street Address A TRO VO C	ZITEN PU	R	Street Address 60 KED WOOD	DRIVE		
CRANSTON	State RI	2110 HJO	CRANSTON	state RI	07910	
Director Name KAYMOND FLYNN			Dispetor Name (DNRAD SCHINGE			
30 HAMASHIRE ROAD			Street Address SCITUATE AVE			
CRANSTON	State RI	24 3910	Cay HOPE	State R.I	02831	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

	Under penalty of perjury, I declare and affirm that I have examined this report, jacluding any accompanying schedules and statements, and that all
FILED	statements contained herein/arc true and correct
JUN 0 1 2009 Check No.	Signature of Officer Day
By 100	Printer Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tusedont Title of Officer
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