



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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 ID No.<br>45305                                                                                                                                                                                    |             | 2. Name of Corporation<br>CRANSTON ASSOCIATION OF SCHOOL ADMINISTRATORS        |              |
| 3. State of Incorporation<br>RI                                                                                                                                                                                 |             | 4. Corporate address in Rhode Island - Street Address<br>80 METRO POLITAN AVE. |              |
|                                                                                                                                                                                                                 |             | City<br>CRANSTON                                                               | Zip<br>02920 |
| 5. Foreign corporation. Enter principal office address                                                                                                                                                          |             | City                                                                           | State        |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>WE HOLD MEETINGS TOGETHER WITH ALL SCHOOL ADMINISTRATORS IN CRANSTON.<br>WE DONATE MONEY FOR SCHOLARSHIPS. |             |                                                                                |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                               |             |                                                                                |              |
| President Name<br>JOHN DECRISTOFARO                                                                                                                                                                             |             | Vice President Name<br>MARC GARCEAN                                            |              |
| Street Address<br>25 PARK VIEW BLVD.                                                                                                                                                                            |             | Street Address<br>50 GLADSTONE ST.                                             |              |
| City<br>CRANSTON                                                                                                                                                                                                | State<br>RI | City<br>CRANSTON                                                               | State<br>RI  |
| Zip<br>02910                                                                                                                                                                                                    |             | Zip<br>02920                                                                   |              |
| Secretary Name<br>SUZANNE RATHBUN                                                                                                                                                                               |             | Treasurer Name<br>PAUL DEPALMA                                                 |              |
| Street Address<br>1196 PARK AVE.                                                                                                                                                                                |             | Street Address<br>80 METROPOLITAN AVE                                          |              |
| City<br>CRANSTON                                                                                                                                                                                                | State<br>RI | City<br>CRANSTON                                                               | State<br>RI  |
| Zip<br>02910                                                                                                                                                                                                    |             | Zip<br>02920                                                                   |              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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<br>THOMAS BARBIERI                                                                                                                                                                                |             | Director Name<br>JOANNE VALK                                                   |              |
| Street Address<br>135 GANSETT AVENUE                                                                                                                                                                            |             | Street Address<br>300 HOPE ROAD                                                |              |
| City<br>CRANSTON                                                                                                                                                                                                | State<br>RI | City<br>CRANSTON                                                               | State<br>RI  |
| Zip<br>02910                                                                                                                                                                                                    |             | Zip<br>02921                                                                   |              |
| Director Name<br>JAMES DILLON                                                                                                                                                                                   |             | Director Name                                                                  |              |
| Street Address<br>845 PARK AVE.                                                                                                                                                                                 |             | Street Address                                                                 |              |
| City<br>CRANSTON                                                                                                                                                                                                | State<br>RI | City                                                                           | State        |
| Zip<br>02910                                                                                                                                                                                                    |             |                                                                                |              |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-14                                                                                              |             |                                                                                |              |
| Agent Name                                                                                                                                                                                                      |             | Address                                                                        |              |
| Address                                                                                                                                                                                                         |             | City                                                                           | Zip          |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**  
JUL 08 2009  
By OS  
023857  
FOR SECRETARY OF STATE USE ONLY

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.

Paul DePalma 7/1/09  
Signature of Officer Date  
PAUL DEPALMA  
Print or Type Name of Officer  
TREASURER  
Title of Officer