

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2011
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.

penatty jee of \$25.00.					
1. Corporate ID No.	2. Name of Corporation				
129923	CRANSTON CITIZENS POLICE ACADEMY ASSOCIATION				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip
RHODE ISLAND	C/O M. C.	CALDARONE 75 SO	CKANOSSET CRRD.#202	CRANSTON, RI	02920
5. Foreign corporation. Enter principal office address			Сну	State	Zip
6. Brief Description of the char	acter of the affairs whic	h are actually conducted in Ri	bode Island		
7 NAMES AND ADDRE	SSES OF THE OF	FICERS: C"X" BOX FOR A	TTACHMENT) TILL IN SPAC	FS REFORE USING ATTACE	IMENTS
President Name	0000 01 1110 01.		Vice President Name	DE ORE COM HIMCE	A. ALIVIS
WILLIAM DOWNING	ı		MICHAEL C. CALDARONE		
Street Address			Street Address		
25 MICHAEL DRIVE			35 DELLWOOD ROAD		
City	State	Zip	CHy	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920
Secretary Name			Treasurer Name		
JASON PALMER			MICHAEL C. CALDA	ARONE	
Street Address	-		Street Address		
26 CARTIER STREET			35 DELLWOOD ROAD		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920
			ATTACHMENT) FILL IN SPAC		
THE NUMBER OF DIR. Director Name	ECIOKS OF A DO	MESTIC (KHUDE ISLA	ND) CORPORATION SHALL N Director Name	VOI BE LESS THAN THREE	((3). R.I.G.L. 7-6-23
WILLIAM DOWNING Street Address			MICHAEL C. CALDARONE Street Address		
25 MICHAEL DRIVE			35 DELLWOOD ROAD		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920
Director Name		102320	Director Name		102320
JASON PALMER					
Street Address			Street Address		
26 CARTIER STREE	T				
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	1		
9. REGISTERED AGENT	IN RHODE ISLA	ND		-	-
This information is curre	ntly of record in th	e Office of the Secretary of	of State. Changes require filing of	f Form 641 - R.I.G.L. 7-6-13/7	-6-78
		Pale at De Maria M			

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

■ 129923	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	Signature of Officer Date
Check No	MICHAEL C. CALDARONE Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	VPRES/TREAS. Title of Officer