



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 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.

1. Corporate ID No. 31105		2. Name of Corporation CRANSTON HISTORICAL SOCIETY	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 1351 CRANSTON ST	
5. Foreign corporation. Enter principal office address		City CRANSTON	Zip 02920
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PREPBERVING THE PAST TO EDUCATE THE FUTURE			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name LYDIA RAPOSA		Vice President Name JOHN O'LEARY	
Street Address 54 TAFT ST		Street Address 31 CROTHERS AVE	
City COVENTRY	State RI	City CRANSTON	Zip 02816
Secretary Name MARY MIERKA		Treasurer Name LELAND E. ANDREW	
Street Address 1351 CRANSTON ST		Street Address 199 BURLINGAME READ	
City CRANSTON	State RI	City CRANSTON	Zip 02920
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 SANDRA MOYER		Director Name HERB ZAKRISON	
Street Address 120 DEERFIELD DRIVE		Street Address P.O. BOX 359	
City CRANSTON	State RI	City HOPE	Zip 02831
Director Name FRANK DELSANTO		Director Name ADELE NAPOLITANO	
Street Address 307 MAYFIELD AVE		Street Address 41 VALLEY ST.	
City CRANSTON	State RI	City CRANSTON	Zip 02920
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

FILED

File Date	JUN 13 2011
Check No.	
By:	BY 5679
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.

LELAND E. ANDREW 6/8/11
Signature of Officer Date
LELAND E. ANDREW
Print or Type Name of Officer
TREASURER.
Title of Officer