

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

Entity ID No.		of the Corporation							
129923	CRANSTO	CRANSTON CITIZENS POLICE ACADEMY ASSOCIATION							
	4 Corporate A	ddress in RI - Street	Address	City		Zip			
State of Incorporation RHODE ISLAND	CALDARO	NE-75 SOCKAN	IOSSET RD. #202	RD. #202 CRANSTON		02920			
Foreign corporation. En	er principal office add	ress	City	Si	ate	Zip			
. Brief description of the o	haracter of husiness	conducted in Rhode I	sland						
ITIZENS AWAREN	FSS CLASSES	ND CHILD ID P	ROGRAMS.						
Usi Autoriaesi	Paulies Alto Autoria	SSEST (STEEK) (FO	Vice President N	ame					
President Name				Vice-President Name  JASON PALMER					
WILLIAM DOWNING Street Address			Street Address	Street Address					
5 MICHAEL DRIVE				26 CARTIER STREET					
City	State	Zip	CRANSTON	=	tate RI	Zip <b>02920</b>			
CRANSTON	RI	02920	Treasurer Name			1			
Gecretary Name <b>WILLIAM DOWNIN</b> (	ecretary Name			WILLIAM DOWNING					
Street Address			Street Address						
25 MICHAEL DRIVE				25 MICHAEL DRIVE					
City	State RI	Zip <b>02920</b>	City CRANSTON		RI	02920			
CRANSTON	COLLEGE AND ADD	DESCENT RHODE I	SLAND CORPORATION		S THAN	THREE (8) DIRECTO			
- BOX FOR A FA	HIMENT)		<u> </u>						
Directy Name				Director Name  JASON PALMER					
WILLIAM DOWNIN	<u> </u>		Street Address						
Street Address 25 MICHAEL DRIV	E		26 CARTIER						
City	State	Zip	City	1,	State <b>RI</b>	Zip <b>02920</b>			
CRANSTON	RI	02920	CRANSTON Director Name			02020			
Director Name			Rose M.						
Street Address			Street Address	Street Address 25 Michael Drive					
		Zip	City		State	Zip			
City	State	ZiP	Cransto	n	RI	02920			
9 REGISTERED AGEN	T IN RHODE ISLAND								
		e Office of the Secr	etary of State. Changes	s require filing Form 64	<i>i</i> 1.				

	i inn	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements.				
CHECKO	MAY 09 2012	and that all statements contained her  Signature of Officer  WILLIAM DOWNING	rein are tru	e and correct, 5/01/2012 Date		
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Officer				
		PRESIDENT				
Form No. 631		Title of Officer				

Form No. 631 Revised: 01/2012