



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.

1. Entity ID No. 63156		2. Exact name of the Corporation CRAWSTON RETIRED FIREFIGHTERS			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 12 NORTH VALE AVENUE		City CRAWSTON	Zip 02910
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island TO KINDER FRIENDSHIP BETWEEN RETIRED FIREFIGHTERS AND WIDOWS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL PALAZZO			Vice-President Name		
Street Address 1306 BRAMBLING COURT			Street Address		
City BRANDENTON	State FLORIDA	Zip 34212	City	State	Zip
Secretary Name DONALD PALUMBO			Treasurer Name DONALD PALUMBO		
Street Address 12 NORTH VALE AVENUE			Street Address 12 NORTH VALE AVENUE		
City CRAWSTON	State RHODE ISLAND	Zip 02910	City CRAWSTON	State RHODE ISLAND	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name FRANK DEL BONIS			Director Name RONALD GABRIEL		
Street Address 120 SEASIDE DRIVE			Street Address 7926 INDIGO RIDGE TERRACE		
City JAMESTOWN	State RHODE ISLAND	Zip 02835	City UNIVERSITY PARK	State FLORIDA	Zip 34201
Director Name ROBERT CROSSLEY			Director Name DONALD PALUMBO		
Street Address 133 HEATHER STREET			Street Address 12 NORTH VALE AVENUE		
City CRAWSTON	State RHODE ISLAND	Zip 02920	City CRAWSTON	State RHODE ISLAND	Zip 02910
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

FILED

Check No _____

By: _____

MAY 21 2012

FOR SECRETARY OF STATE USE ONLY **1544**

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.

Donald Palumbo 5/17/2012
 Signature of Officer Date

DONALD PALUMBO
 Print or Type Name of Officer

SEC/TREASURER
 Title of Officer