



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/business

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. 000031157		2. Exact name of the Corporation Cranston Senior Services Center Advisory Board			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provides community support and direction for Cranston seniors.			
5. Principal office address 1070 Cranston Street		City Cranston	State RI	Zip 02920	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alfred Charpentier		Vice-President Name Edmund Stabile			
Street Address 435 Scituate Avenue #36		Street Address 21 Garden Hills Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Mary Criscione		Treasurer Name Marie Stabile			
Street Address 15 Westhill Drive		Street Address 21 Garden Hills Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
7. 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 Nancie Paola		Director Name Raymond Sinapi			
Street Address 244 Cheshire Drive		Street Address 65 Cavalry Street			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
Director Name Mary Cronan		Director Name			
Street Address 11 Robert Circle		Street Address			
City Cranston	State RI	Zip 02905	City	State	Zip
8. 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 _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 13 2012

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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.

Alfred Charpentier 6/16/12
 Signature of Officer Date

Alfred Charpentier

Print or Type Name of Officer

President

Title of Officer