



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. 53872		2. Exact name of the Corporation Cranston Police Relief Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide financial assistance to the widows, minor children of the deceased members of the Cranston Police Dept.			
5. Principal office address 5 Garfield Ave		City Cranston		State RI	Zip 02920
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert Tortorella		Vice-President Name Stephen Antonucci			
Street Address 5 Garfield Ave		Street Address 5 Garfield Ave			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Rebekah Collette		Treasurer Name Jon Pariseault			
Street Address 5 Garfield Ave		Street Address 5 Garfield Ave			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Mark Petrella		Director Name William Loux			
Street Address 5 Garfield Av		Street Address 5 Garfield Ave			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Russell Henry		Director Name			
Street Address 5 Garfield Ave		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
. 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 18 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.

Robert Tortorella 6-14-12
Signature of Officer Date

ROBERT TORTORELLA
Print or Type Name of Officer

PRESIDENT
Title of Officer