



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. 158805		2. Exact name of the Corporation Cranston East Alumni Band Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide moral and financial support for the music program in the public schools			
5. Principal office address 50 Ferncrest Avenue		City Cranston		State RI	Zip 02905
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Debra Singleton		Vice-President Name William McEnery			
Street Address 50 Ferncrest Ave.		Street Address 43 Melrose Ave.			
City Cranston	State RI	Zip 02906	City Cranston	State RI	Zip 02910
Secretary Name Nancy McEnery		Treasurer Name Debra Singleton			
Street Address 43 Melrose Ave.		Street Address 50 Ferncrest Ave.			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02905
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Debra Singleton		Director Name Nancy McEnery			
Street Address 50 Ferncrest Ave.		Street Address 43 Melrose Ave.			
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02910
Director Name William McEnery		Director Name			
Street Address 43 Melrose Ave.		Street Address			
City Cranston	State RI	Zip 02910	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 BY _____

FILED

JUN 21 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.

Debra Singleton
Signature of Officer

6-20-12
Date

Debra Singleton
Print or Type Name of Officer

President
Title of Officer