



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 **2005**

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. 143812		2. Exact name of the Corporation Cranston Police Fraternal Advancement Association, Inc.			
3. State of Incorporation Rhode island		4. Corporate Address in RI - Street Address 63 Sockanossett Crossroads		City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island TO CONDUCT CHARITABLE, CIVIC, SOCIAL AND FRATERNAL ACTIVITIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen Antonucci			Vice-President Name Mark Petrella		
Street Address 275 Atwood Avenue			Street Address 275 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Sean Parker			Treasurer Name Robert Santagata		
Street Address 275 Atwood Avenue			Street Address 275 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Steven Brooks			Director Name Mark Whitman		
Street Address 275 Atwood Avenue			Street Address 275 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Erik Baccari			Director Name		
Street Address 275 Atwood Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY 177314

FILED

AUG 22 2012

10:34

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.

Signature of Officer _____ Date **04/16/2012**

Stephen Antonucci
Print or Type Name of Officer

President
Title of Officer