



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 2014

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. 000838579		2. Exact name of the Corporation CRANSTON WEST ALUMNI ASSOCIATION INC FORMERLY FALLON ALUMNI ASSOCIATION INC	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island NON PROFIT ALUMNI ASSOCIATION TO SUPPORT THE STUDENTS OF CRANSTON HIGH SCHOOL WEST	
5. Principal office address 50 PRESTON AVE		City CRANSTON	State RI
		Zip 02920	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name GERALD F ZITO		Vice-President Name GERALD F ZITO	
Street Address 145 HILLCREST AVE		Street Address 145 HILLCREST AVE	
City PROVIDENCE	State RI	Zip 02909	
		City PROVIDENCE	State RI
		Zip 02909	
Secretary Name DALL JOSEPH		Treasurer Name SANDRA FARNUM	
Street Address 13 CARNIVAL TERRACE		Street Address 2656 HARKNEY HILL ROAD	
City WEST WARWICK	State RI	Zip 02893	
		City COVENTRY	State RI
		Zip 02816	
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 DAVID C DEMAYO		Director Name AMY L RICCI	
Street Address 50 PRESTON AVE		Street Address 149 CARDINAL ROAD	
City CRANSTON	State RI	Zip 02920	
		City CRANSTON	State RI
		Zip 02921	
Director Name MARIA MANZI KANE		Director Name JUSTIN ERICKSON	
Street Address 71 PLYMOUTH STREET		Street Address 20 SUSAN CIRCLE	
City CRANSTON	State RI	Zip 02920	
		City JOHNSTON	State RI
		Zip 02919	
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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

OCT 24 2014

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.

BY

Signature of Officer or Authorized Representative

Date

DAVID C DEMAYO DIRECTOR
Print or Type Name of Officer or Authorized Representative