

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.

1. Entity ID No.	2. Exact name of the Corporation					
000838579	CRANSTON WEST ALUMNI ASSOCIATION INC					
000838311	FORMERLY FALLON ALUMNI ASSOCIATION INC					
State of Incorporation			ousiness conducted in Rhode Island		_	
RHUBE ISLAND			E ASSOCIATION TO DN HIGH SCHOOL		THE	
Principal office address So PRESTON AVE			CITY	State	Zip 02920	
6. LIST ALL OFFICERS (NAME	S AND ADDRES	SES) ("X" BOX FOR A	TTACHMENT)		William State of the State of	
President Name GERALO F ZITO			Vice-President Name GERALA F ZITO			
treet Address 145 i-ITLL CREST AVE			Street Address 148 HILLCREST AVE			
PROJEDENCE	State RI	Zip 02909	City PROVIDENCE	State R L	Zip 02909	
Secretary Name PALE TUSEPI	ecretary Name			Treasurer Name SANORA FARNUM		
Street Address 13 CARNIVAL TERRACE		Street Address 2656 HARKNEY HELL ROAD City Corwing State Zip KZ 02816				
City WEST WARWFCK	State RI	02 89 3	City LOVENTRY	State AZ	Zip 0 2816	
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMEN	IES AND ADDRE	SSES). RHODE ISLAN	D CORPORATIONS MUST LIST I	NO LESS THAN T	HREE (3) DIRECTO	
Director Name \$\DAVEQ C DIMATO\$			Director Name AMY L RICCI			
Street Address 50 PRESTON				Street Address 149 CARDINAL ROAD		
CRANSTON	State RI	Zip 02920	CITYCRANSTON	State AL	Zip 62921	
rector Name MARIA MANZI KANÉ			Director Name TUSTIN ERICKSON			
treet Address 71 PLYMOUTH STREET			Street Address 20 SVSAN QIRCLE			
CRANSTON	State	Zip 02920	City JOHN STON	State RT	02919	
. REGISTERED AGENT IN RHO	DDE ISLAND	San Carlo Conservation		(1) 10 mm (1) 1	to design and the second	
			f State. Changes require filing Fo			
his report must be signed by eith r Trustee	er the President,	Vice-President, Secreta	ry, Assistant Secretary, Treasurer, c	duly Authorized Re	presentative, Receiv	

File Date	OCT 2 4	Under penalty of perjury, I declare and affirm that 20 ks report, including any accompanying schedule	es and statements
Chack No	19/1	and that all statements contained berein are true	and correct.
Bu	BA	Atul Colle	10/22/14
FOR SECRETARY OF STATE USE ON Y		Signature of Officer or Authorized Representative	Date

Form No. 631 Revised: 04/2014

Print or Type Name of Officer or Authorized Representative

DAVED C DIMATO