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 2015

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.	2. Exact name of the Corporation
528694	Criminal Division Alumni Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Fraternal Association

5. Principal office address	City	State	Zip
317 Iron Horse Way, Suite 301	Providence	RI	02908

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
James W. Ryan	317 Iron Horse Way, Suite 301	Providence	RI	02908
Vice-President Name	Street Address	City	State	Zip
David Morowitz	155 South Main Street	Providence	RI	02903
Secretary Name	Street Address	City	State	Zip
James W. Ryan	317 Iron Horse Way, Suite 301	Providence	RI	02908
Treasurer Name	Street Address	City	State	Zip
David Morowitz	155 South Main Street	Providence	RI	02903

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑

Director Name	Street Address	City	State	Zip
James W. Ryan	317 Iron Horse Way, Suite 301	Providence	RI	02908
Director Name	Street Address	City	State	Zip
David Morowitz	155 South Main Street	Providence	RI	02903
Director Name	Street Address	City	State	Zip
Michael Stone	5 Cedar Grove Drive	Exeter	RI	02822
Director Name	Street Address	City	State	Zip
Marc DeSisto	211 Angell Street	Providence	RI	02906

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 18 2015
BY 1040

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.

James W. Ryan 5-14-15
Signature of Officer or Authorized Representative Date

James W. Ryan, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
120974-9-1030956

Criminal Division Alumni Association #528694

ADDITIONAL DIRECTORS:

William P. Devereaux
317 Iron Horse Way, Suite 301
Providence, RI 02908

William G. Rampone
317 Iron Horse Way, Suite 203
Providence, RI 02908

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