



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. 31175		2. Exact name of the Corporation The Cranston Veterans' Memorial Scholarship Fund Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Awarding Interest Free Loans to Cranston High School Graduates	
5. Principal office address 45 Conanicus Rd.		City Narragansett	State R.I.
		Zip 02882	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Linda A. Blamires		Vice-President Name Nicholas Spolidoro	
Street Address 167 Camp Westwood Rd.		Street Address 19 Elm Drive	
City Greene	State R.I.	City Cranston	State R.I.
Zip 02827		Zip 02920	
Secretary Name Stephanie Susi		Treasurer Name Edward A. McLaughlin, III	
Street Address 175 Florida Ave.		Street Address 45 Conanicus Rd.	
City Cranston	State R.I.	City Narragansett	State R.I.
Zip 02920		Zip 02882	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Frank DelSanto		Director Name Paula Rampone	
Street Address 307 Mayfield Ave.		Street Address 3 Purgatory Rd.	
City Cranston	State R.I.	City Exeter	State R.I.
Zip 02920		Zip 02822	
Director Name Edward Stebbins		Director Name Julio Maggiamoru	
Street Address 87 Michaels Ave.		Street Address 198 Mourning Ave Dr.	
City West Dennis	State MA	City Sunderstown	State RI
Zip 02670		Zip 02874	
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

JUN 04 2015

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 or Authorized Representative
Edward A. McLaughlin, III

Date
6.1.15

BY 451

Print or Type Name of Officer or Authorized Representative
Edward A. McLaughlin, III Treasurer