



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/business

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. 53872		2. Exact name of the Corporation Cranston Police Relief Association	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide financial assistance to widows and minor children of deceased members of the Cranston Police Dept.	
5. Principal office address 5 Garfield Ave		City Cranston	State RI
		Zip 02920	
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Robert Tortorella		Vice-President Name Stephen Antonucci	
Street Address 5 Garfield Ave		Street Address 5 Garfield Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Rebakah Neri		Treasurer Name Jon Pariseault	
Street Address 5 Garfield Ave		Street Address 5 Garfield Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
. 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 Mark Petrella		Director Name ROBERT TORTORELLA	
Street Address 5 Garfield Ave		Street Address 5 GARFIELD AVE	
City Cranston	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Director Name Russell Henry		Director Name	
Street Address 5 Garfield Ave		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
. 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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JAN 11 2016

By **14L 4832**

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 **Robert Tortorella** Date **12-21-15**

Robert Tortorella

Print or Type Name of Officer

President

Title of Officer