



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	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Rebakah Neri			Treasurer Name Jon Pariseault		
Street Address 5 Garfield Ave			Street Address 5 Garfield Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	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 <i>ROBERT TORTORELLA</i>		
Street Address 5 Garfield Ave			Street Address <i>5 GARFIELD AVE</i>		
City Cranston	State RI	Zip 02920	City <i>CRANSTON</i>	State <i>RI</i>	Zip <i>02920</i>
Director Name Russell Henry			Director Name		
Street Address 5 Garfield Ave			Street Address		
City Cranston	State RI	Zip 02920	City	State	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: _____

JAN 11 2016

By *HL 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