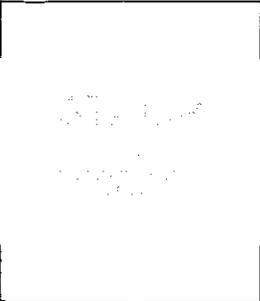




State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
63156		CRANSTON RETIRED FIRE FIGHTERS			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		KINDER FRIENDSHIP BETWEEN RETIRED FIRE FIGHTERS AND WIDOWS			
5. Principal Office Address		City	State	Zip	
12 NORTH VALE AVENUE		CRANSTON	R.I.	02910	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name			
MICHAEL PALAZZO					
Street Address		Street Address			
1306 BRAMALING COURT					
City	State	Zip	City	State	Zip
BRANDENTON	FLORIDA	34212			
Secretary Name		Treasurer Name			
DONALD PALUMBO		DONALD PALUMBO			
Street Address		Street Address			
12 NORTH VALE AVE.		12 NORTH VALE AVENUE			
City	State	Zip	City	State	Zip
CRANSTON	R.I.	02910	CRANSTON	R.I.	02910
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
FRANK DEL BONIS		DONALD PALUMBO			
Street Address		Street Address			
120 SEASIDE DRIVE		12 NORTH VALE AVENUE			
City	State	Zip	City	State	Zip
JAMESTOWN	R.I.	02835	CRANSTON	R.I.	02910
Director Name		Director Name			
ROBERT CROSSLEY					
Street Address		Street Address			
30 OAKLAND AVENUE APT #28					
City	State	Zip	City	State	Zip
CRANSTON	RI	02910			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative					Date
Donald Palumbo Secretary/Treasurer					May 16, 2016
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

FILED

MAY 18 2016

BY 1605

STAMP