

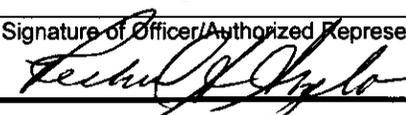


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 145729		2. Exact name of the Corporation Cranston Commercial Condominium Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Operating and Maintaining the Condominium Property and Association <input checked="" type="checkbox"/>			
5. Principal Office Address 81 Western Industrial Drive			City Cranston	State RI	Zip 02921
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marie White			Vice-President Name Joe Melo		
Street Address 81C Western Industrial Drive			Street Address 81D Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Eddie Faber			Treasurer Name Richard St. Angelo		
Street Address 81A Western Industrial Drive			Street Address 81B Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 Joe Melo			Director Name Marie White		
Street Address 81D Western Industrial Drive			Street Address 81C Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name Richard St. Angelo			Director Name Eddie Faber		
Street Address 81B Western Industrial Drive			Street Address 81A Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Richard St. Angelo				Date June 8, 2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 13 2016

BY HL 233

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov