



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000068885

2. Name of Corporation Senior Enlisted Academy Alumni Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O BARRY CRAWFORD
1269 ELLIOTT AVENUE

City or Town: NEWPORT State: RI Zip: 02841 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO FORM AN ORGANIZATION OF PAST, PRESENT, AND FUTURE GRADUATES, ASSOCIATES, FRIENDS, OF THE U.S. NAVY SR. ENLISTED ACADEMY IN THE CITY OF NEWPORT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	BARRY CRAWFORD	152 COMMON FENCE BOULEVARD PORTSMOUTH, RI 02871 USA

SECRETARY	JOHN SCHULTZ	40 AARON AVENUE BRISTOL, RI 02809 USA
DIRECTOR	BARRY CRAWFORD	152 COMMON FENCE BOULEVARD PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	TONY CERCENA	57 OAK STREET MIDDLETOWN, RI 02840 USA
DIRECTOR	JOHN SCHULTZ	40 AARON AVENUE BRISTOL, RI 02809 USA
DIRECTOR	TONY CERCENA	57 OAK STREET MIDDLETOWN, RI 02840 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN E. SCHULTZ 1269 ELLIOTT AVENUE NEWPORT , RI 02841

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2016 at 2:10:31 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN SCHULTZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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