



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 528694		2. Exact name of the Corporation Criminal Division Alumni Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Fraternal Association			
5. Principal Office Address 317 Iron Horse Way, Suite 301			City Providence	State RI	Zip 02908
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James W. Ryan			Vice-President Name David Morowitz		
Street Address 317 Iron Horse Way, Suite 301			Street Address 155 South Main Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02903
Secretary Name James W. Ryan			Treasurer Name David Morowitz		
Street Address 317 Iron Horse Way, Suite 301			Street Address 155 South Main Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02903
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name James W. Ryan			Director Name David Morowitz		
Street Address 317 Iron Horse Way, Suite 301			Street Address 155 South Main Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02903
Director Name Michael Stone			Director Name William P. Devereaux		
Street Address 5 Cedar Grove Drive			Street Address 317 Iron Horse Way, Suite 301		
City Exeter	State RI	Zip 02822	City Providence	State RI	Zip 02908
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 James W. Ryan				Date July 11, 2016	
Signature of Officer/Authorized Representative <i>James W. Ryan</i>					

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

FILED
 JUL 13 2016
 BY 1095

Criminal Division Alumni Association

#528694

ADDITIONAL DIRECTOR

William G. Rampone
317 Iron Horse Way, Suite 203
Providence, RI 02908