



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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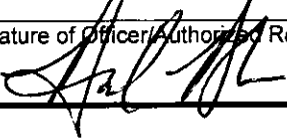
Annual Report for the year: 2015

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 000838579		2. Exact name of the Corporation Cranston West Alumni Association Inc			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Alumni Association			
5. Principal Office Address 50 Preston Ave		City Cranston	State RI	Zip 02920	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David C DiMaio			Vice-President Name Karen Casale		
Street Address 50 Preston Ave			Street Address 36 Alpine Estates Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
Secretary Name Amy L Ricci			Treasurer Name Lori Manni		
Street Address 149 Cardinal Road			Street Address 68 Uxbridge Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Justin Erickson			Director Name Edward Brady		
Street Address 20 Susan Circle			Street Address 80 Pheasant Drive		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
Director Name Maria Manzi Kane			Director Name		
Street Address 71 Plymouth Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative David C DiMaio Director / President				Date 3/24/17	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

MAR 27 2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2016