



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

Annual Report for the year: 2017
 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 1665804		2. Exact name of the Corporation Cory's Crusaders, INC.			
3. State of Incorporation MA		5. Brief description of the character of business conducted in Rhode Island Fundraising events			
4. NAICS Code 813219					
6. Principal Office Address 41 Lawrence St.		City Bellingham	State ma	Zip 02019	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Teresa Gaudet			Vice-President Name JAMES Gaudet		
Street Address 45 Slater Dr.			Street Address 45 Slater Dr.		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Teresa Gaudet			Treasurer Name Teresa Gaudet		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. 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 Nancy Lamoureux			Director Name Dennis Becard		
Street Address 129 Burrington St.			Street Address 9 Theresa Dr.		
City Woonsocket	State RI	Zip 02895	City 3 Millville	State Ma	Zip
Director Name Tom Dignard			Director Name Alijah Diccristophoro		
Street Address 41 Lawrence St.			Street Address 31 Governor Ave		
City Bellingham	State ma	Zip 02019	City Bellingham	State ma	Zip 02019
9. 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 Teresa Gaudet				Date	
Signature of Officer/Authorized Representative <i>Teresa Gaudet</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

JUN 07 2017
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