



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 63156		2. Exact name of the Corporation Cranston Retired Firefighters	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To kinder Friendship Between Retired Fire Fighters and Widows	
5. Principal office address 12 North Vale Avenue		City Cranston	State R.I
		Zip 02910	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (EX BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Michael Palazzo		Vice-President Name Michael Palazzo	
Street Address 1306 Brambling Court		Street Address 1306 Brambling Court	
City Brandonston	State Florida	Zip 34212	City Brandonston
			State Florida
			Zip 34212
Secretary Name Donald Palumbo		Treasurer Name Donald Palumbo	
Street Address 12 North Vale Avenue		Street Address 12 North Vale Avenue	
City Cranston	State Rhode Island	Zip 02910	City Cranston
			State Rhode Island
			Zip 02910
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST LESS THAN THREE (3) DIRECTORS) (EX BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Frank Delbonis		Director Name	
Street Address 120 Seaside Drive		Street Address	
City Jamestown	State Rhode Island	Zip 02835	City
			State
			Zip
Director Name Robert Crossley		Director Name Donald Palumbo	
Street Address 30 Oaklawn Avenue		Street Address 12 North Vale Avenue	
City Cranston	State Rhode Island	Zip 02920	City Cranston
			State Rhode Island
			Zip 02910
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 26 2017

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.

BY

Donald Palumbo

Signature of Officer

6-20-2017

Date

Donald Palumbo

Print or Type Name of Officer

SECRETARY TREASURER

File Date
 Check No.
 By
 FOR SECRETARY OF STATE USE ONLY