



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 83855		2. Exact name of the Corporation Cranston Volunteer Firefighters Museum of Meshanticut Park/ Oaklawn, INC			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Firefighters Museum, Collection of artifacts to preserve history of the volunteer firefighters in the City of Cranston			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 470 Hope Road		City Cranston	State RI	Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin LaMorge		Vice-President Name James Searles			
Street Address 31 Crossway Road		Street Address 196 Haswell Street			
City Cranston	State RI	Zip 02910	City Warwick	State RI	Zip 02886
Secretary Name Paul Sherman		Treasurer Name Vincent Vinci			
Street Address 102 Deerfield Road		Street Address 99 Hines Farm Road			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02921
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 John Saccoccia		Director Name William Riccitelli			
Street Address 85 Tomahawk Trail		Street Address 6 Hi View Drive			
City Cranston	State RI	Zip 02921	City Hope	State RI	Zip 02831
Director Name James Masterson		Director Name Kenneth Smith			
Street Address 6101 Post Rd Unit#25		Street Address 32 Briarwood Hill Road			
City North Kingstown	State RI	Zip 02852	City Exeter	State RI	Zip 02822
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 Paul D. Sherman		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED <small>Date</small> 6/17/2017 </div>			
Signature of Officer/Authorized Representative 		JUN 30 2017 <i>BY 3073103</i> A.A.			

MAIL TO:
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 Website: www.sos.ri.gov