



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JAN 31 PM 1:52

Annual Report for the year: 2018

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 000143812		2. Exact name of the Corporation Cranston Police Fraternal Advancement Assoc. Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To conduct charitable, civic, social and fraternal activities Title: 7-6			
4. NAICS Code 813930 - Labor Unions and S					
6. Principal Office Address 1344 Cranston St.		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Caramante			Vice-President Name Ryan Shore		
Street Address 1344 Cranston St.			Street Address 1344 Cranston St.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Jose Afonso			Treasurer Name Seth Aldrich		
Street Address 1344 Cranston St.			Street Address 1344 Cranston St.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Mitch Escobar			Director Name Derik Braga		
Street Address 1344 Cranston St.			Street Address 1344 Cranston St.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Robert Santagata			Director Name		
Street Address 1344 Cranston St.			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
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 Michael Caramante President IBPO 301/Ryan Shore Vice President IBPO 301				Date 1/31/2018	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>				SIGN DOCUMENT HERE	

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: 11/2017