



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

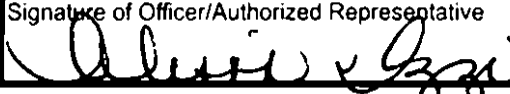
Annual Report for the year:
Non-Profit Corporation2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED STATE
SECRETARY OF
CORPORATIONS DIV
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1. Entity ID Number 1336914		2. Exact name of the Corporation CRANSTON RAVENS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Girls recreational softball league	
4. NAICS Code 813319 ☐			
6. Principal Office Address 8 Penny Lane		City Cranston	State RI
		Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒			
President Name Alison Izzi		Vice-President Name Diane McKeon	
Street Address 8 Penny Lane		Street Address 388 Seven Mile Road	
City Cranston	State RI	City Scituate	State RI
Zip 02921		Zip 02831	
Secretary Name Kayla Pari		Treasurer Name Diane McKeon	
Street Address 1 Cameron Street		Street Address 388 Seven Mile Road	
City Pawtucket	State RI	City Scituate	State RI
Zip 02861		Zip 02831	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Kevin DiSpirito		Director Name Brian Davis	
Street Address 98 Brookfield Drive		Street Address 150 Mt Laurel Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Dave Blanchette		Director Name Stephen Izzi	
Street Address 93 Talcott Avenue		Street Address 8 Penny Lane	
City Pawtucket	State RI	City Cranston	State RI
Zip 02860		Zip 02921	
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 Alison Izzi, President			Date 4/24/18
Signature of Officer/Authorized Representative  SIGN DOCUMENT FILED			

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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