RI SOS Filing Number: 201862754230 Date: 4/24/2018 2:09:00 PM

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

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CORPORATIONS DIV.
2018 APR 24 PM 2:03

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	2. Exact name of the Corporation
1336914	**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	City	State	Zip
8 Penny Lane	**Cranston**	**RI**	**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**	Zip: **02921**	City: **Scitutate**	State: **RI**	Zip: **02831**
Secretary Name: **Kayla Pari**			Treasurer Name: **Diane McKeon**		
Street Address: **1 Cameron Street**			Street Address: **388 Seven Mile Road**		
City: **Pawticket**	State: **RI**	Zip: **02861**	City: **Scituate**	State: **RI**	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**	Zip: **02920**	City: **Cranston**	State: **RI**	Zip: **02920**
Director Name: **Dave Blanchette**			Director Name: **Stephen Izzi**		
Street Address: **93 Talcott Avenue**			Street Address: **8 Penny Lane**		
City: **Pawtucket**	State: **RI**	Zip: **02860**	City: **Cranston**	State: **RI**	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.

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

Name of Officer/Authorized Representative	Date
Alison Izzi, President	**4/24/18**

Signature of Officer/Authorized Representative: Alison Izzi

SIGN DOCUMENT HERE

FILED
APR 24 2018
BY C24558794

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

2:09

FORM 631 - Revised: 11/2017