



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

Annual Report for the year:

Non-Profit Corporation

2018

→ 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 001675433		2. Exact name of the Corporation CRANSTON REGIONAL CRIME WATCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island A working partnership and relationship between the community and law enforcement to address all safety and security issues and concerns for the purpose of improving the quality of life in our community			
4. NAICS Code 624190					
6. Principal Office Address 225 BELVEDERE DRIVE			City CRANSTON	State R.I.	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT O. MELIKIAN JR			Vice-President Name ALBERT O MELIKIAN, JR		
Street Address 225 BELVEDERE DRIVE			Street Address 225 BELVEDERE DRIVE		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
Secretary Name ALBERT MELIKIAN, JR			Treasurer Name ALBERT MELIKIAN, JR,		
Street Address 225 BELVEDERE DRIVE			Street Address 225 BELVEDERE DRIVE		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	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 ALBERT O. MELIKIAN, JR			Director Name ROBERT J. DROHAN		
Street Address 225 BELVEDERE DRIVE			Street Address 214 GLEN HILLS DRIVE		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
Director Name DROHAN			Director Name MARTA		
Street Address 214 GLEN HILLS DRIVE			Street Address		
City CRANSTON	State R.I.	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 ALBERT O. MELIKIAN, JR				Date MAY 11, 2018	
Signature of Officer/Authorized Representative <i>Albert O. Melikian, Jr</i>					

FILED

MAY 31 2018

BY *[Signature]*

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