



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

7/12
6-1 to 6-30

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 31175		2. Exact name of the Corporation The Cranston Veterans Memorial (Scholarship Fund, Inc)	
3. State of Incorporation Rhode Island (013211)		4. Brief description of the character of business conducted in Rhode Island Awarding interest free loans to Cranston High School graduates to be utilized toward secondary education	
5. Principal office address 45 Conanicus Rd.		City Narragansett	State RI
		Zip 02882	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Linda A. Blamires		Vice-President Name Nicholas Spolidoro	
Street Address 11 Sherwood Valley Lane, Unit 6		Street Address 19 Elm Drive	
City Coventry	State RI	Zip 02816	City Cranston
			State RI
			Zip 02920
Secretary Name Stephanie Susi		Treasurer Name Edward A McLaughlin III	
Street Address 175 Florida Ave		Street Address 45 Conanicus Rd	
City Cranston	State RI	Zip 02920	City Narragansett
			State RI
			Zip 02882
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Frank Del Santo		Director Name Paula Rampone	
Street Address 307 Mayfield Ave		Street Address 3 Purgatory Rd	
City Cranston	State RI	Zip 02920	City Exeter
			State RI
			Zip 02822
Director Name Daniel Archetto		Director Name Julio Maggiamomo	
Street Address 78 Sheffield Rd		Street Address 198 Mourning Dove Dr.	
City Cranston	State RI	Zip 02920	City Sawderstown
			State RI
			Zip 02824
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

FILED

JUN 04 2018

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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.

X Edward A. McLaughlin III 5 6.1.18
 Signature of Officer or Authorized Representative Date

Edward A. McLaughlin III Treasurer
 Print or Type Name of Officer or Authorized Representative