



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

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.

STAMP

1. Entry ID Number 528694		2. Exact name of the Corporation Criminal Division Alumni Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fraternal Association			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address Northwoods Office Park, 1301 Atwood Ave., Suite 215N			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James W. Ryan			Vice-President Name David Morowitz		
Street Address 1301 Atwood Avenue, Suite 215N			Street Address 155 South Main Street		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02903
Secretary Name James W. Ryan			Treasurer Name David Morowitz		
Street Address 1301 Atwood Avenue, Suite 215N			Street Address 155 South Main Street		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name James W. Ryan			Director Name David Morowitz		
Street Address 1301 Atwood Avenue, Suite 215N			Street Address 155 South Main Street		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02903
Director Name Michael Stone			Director Name William P. Devereaux		
Street Address 5 Cedar Grove Drive			Street Address 1301 Atwood Avenue, Suite 215N		
City Exeter	State RI	Zip 02822	City Johnston	State RI	Zip 02919
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative James W. Ryan				Date June 14, 2018	
Signature of Officer/Authorized Representative <i>James W. Ryan</i>				FOR 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

FILED

JUN 18 2018

BY 1005 DS FORM 631 - Revised: 11/2017

Criminal Division Alumni Association

#528694

ADDITIONAL DIRECTORS:

William G. Rampone
317 Iron Horse Way, Suite 203
Providence, RI 02908

#528694

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JUN 18 2018

BY

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