



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. Entity ID Number <b>528694</b>		2. Exact name of the Corporation <b>Criminal Division Alumni Association</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Fraternal Association</b>			
4. NAICS Code <b>813920 - Professional Organiza</b>					
6. Principal Office Address <b>Northwoods Office Park, 1301 Atwood Ave., Suite 215N</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>James W. Ryan</b>			Vice-President Name <b>David Morowitz</b>		
Street Address <b>1301 Atwood Avenue, Suite 215N</b>			Street Address <b>155 South Main Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>James W. Ryan</b>			Treasurer Name <b>David Morowitz</b>		
Street Address <b>1301 Atwood Avenue, Suite 215N</b>			Street Address <b>155 South Main Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>James W. Ryan</b>			Director Name <b>David Morowitz</b>		
Street Address <b>1301 Atwood Avenue, Suite 215N</b>			Street Address <b>155 South Main Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Michael Stone</b>			Director Name <b>William P. Devereaux</b>		
Street Address <b>5 Cedar Grove Drive</b>			Street Address <b>1301 Atwood Avenue, Suite 215N</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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 <b>James W. Ryan</b>				Date <b>June 14, 2018</b>	
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

FILED

JUN 18 2018

BY

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