



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.

FILED

JUN 19 2018

BY

1. Entity ID Number 84908		2. Exact name of the Corporation THE CRANDALL Family Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To encourage interest in the genealogy, family history, customs & traditions of descendants of Elder John Crandall of Westerly, RI	
4. NAICS Code 813410			
6. Principal Office Address P.O. Box 1472		City Westerly	State RI
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DANNA POTTER		Vice-President Name LINDA JOHNSTON	
Street Address 73 Thelma Irene Drive		Street Address 120 West Main St. Apt M115	
City North Kingstown	State RI	City Norton	State MA
Zip 02852		Zip 02766	
Secretary Name LORRAINE CORRE		Treasurer Name CASSANDRA CRANDALL	
Street Address 8556 ALESSANDRIA COURT		Street Address 201 KLONDIKE ROAD	
City NAPLES	State FL	City CHARLESTOWN	State RI
Zip 34114		Zip 02813	
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 STEPHANIE MASSEY		Director Name SCOTT BILL HIRST	
Street Address 49 Peach Orchard Drive		Street Address 20 Maple Court	
City Riverside	State RI	City Ashmuny	State RI
Zip 02915		Zip 02804	
Director Name DAVID CRANDALL		Director Name STUDITH HARBOLD	
Street Address 201 KLONDIKE ROAD		Street Address 118 Whitney Street	
City CHARLESTOWN	State RI	City NORTH BOROUGH	State MA
Zip 02813		Zip 01532	
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 CASSANDRA E CRANDALL, TREASURER			Date JUNE 16, 2018
Signature of Officer/Authorized Representative CASSANDRA E CRANDALL			SIGN 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