

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.

FILED ()	
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BY 502	1

1. Entity ID Number	2. Exact name of the Corporation							
84908	The CRANDALL FAMILY Association							
3. State of Incorporation	5 Brief description of the character of business conducted in Rhyde Island							
Rhode Island	E Island customs + traditions of Descendants of Elder John							
4. NAICS Code	customs - traditions of Descendant of Elder John							
S13410 CRANDALL OF WESTERLY, RI								
6. Principal Office Address			City			State	Zip	
P.O. Box 1472		4	DESTERLY		ΛI	02891		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name			Vice-President Name Linda Johnston					
Danna Potter Street Address			Street Ad		CMST	٥٨		
73 Tholma In		٧٤	120 WEST MAIN St. Ast M 115					
North Kingstown	State	Zip 02852	City	Vonton		State A	Zip 02766	
Secretary Name		· · · · · · · · · · · · · · · · · · ·	Treasurer Name					
LORRNING CON	LORANINE COME CASSANDER CRANDALI				211			
Street Address	Street Address 8556 Alessandrin Court Street Address 201 Klondike Road							
City	State	Zip	City	4		State	Zip 02813	
NAPICS	FL	Zip 34/14	t ot loost 3	Charlesto	WN	RI	00013	
8. List ALL directors (names and ac	iuresses). Ki Corp	oranoris most iis	i at least :	HREE directors.	Chec	k the box to indicate	an attachment	
			Director Name					
Stephanie Massey Scott Bill Hirst Street Address								
49 Peach Or	echand i	Prive	<u> </u>	20 MAP				
Riverside	State  A	02915	City	Ashnuny	,	State	2ip 02804	
Director Name Director Name								
Street Address Street Address								
201 Klondik	201 Klondike Road 118 Whitney Street							
Charles town	State	zip 02813	City	North bons	,	State M 4	Zip 0/132	
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  Date								
CASSANDRA E CRANDALL TREASURER JUNE 16 2018 Signature of Officer/Authorized Representative								
CASMWORKE CRANDOLIMENT 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