



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.

1. Entity ID Number 95103		2. Exact name of the Corporation CRANSTON CITIZENS FOR RESPONSIBLE ZONING & DEVELOPMENT, INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ASSURE THE INVOLVEMENT OF THE PUBLIC INTEREST IN ZONING & DEVELOPMENT & RELATED MATTERS IN CRANSTON.	
4. NAICS Code 812319			
6. Principal Office Address 30 GLEN RIDGE RD.		City CRANSTON	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ACTING: RAMSEY DAVIS		Vice-President Name RAMSEY DAVIS	
Street Address 58 FORDSON AVE.		Street Address 58 FORDSON AVE.	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
Secretary Name SUZANNE ARENA		Treasurer Name CO-TREASURER: ROBERT OULOOSIAN	
Street Address 88 LAKELAND RD.		Street Address 30 GLEN RIDGE RD.	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02920	
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 RAMSEY DAVIS		Director Name CO-TREASURER: HAROLD REALL	
Street Address 58 FORDSON AVE.		Street Address 38 HOWLAND RD.	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02910	
Director Name MARIE REALL		Director Name ELEANOR SASSO	
Street Address 38 HOWLAND RD.		Street Address 60 GLEN MERE DR.	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910		Zip 02920	
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 ROBERT OULOOSIAN CO-TREASURER			Date 6/18/18
Signature of Officer/Authorized Representative <i>Robert Ouloosian</i>			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

FILED

JUN 25 2018

FORM 631 - Revised: 11/2017

BY

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