



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

STAMP

Annual Report for the year: **2019**  
 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.

1. Entity ID Number <b>000838579</b>		2. Exact name of the Corporation <b>Cranston West Alumni Association</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Alumni Association</b>			
4. NAICS Code <b>813990 - Other Similar Organiz:</b>					
6. Principal Office Address <b>50 Preston Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</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>David C DiMaio</b>		Vice-President Name <b>Karen Casale</b>			
Street Address <b>50 Preston Avenue</b>		Street Address <b>36 Alpine Estate Drive</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Amy L Ricci</b>		Treasurer Name <b>Lori Manni</b>			
Street Address <b>149 Cardinal Road</b>		Street Address <b>68 Uxbridge Street</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Justin Erickson</b>		Director Name <b>Edward Brady</b>			
Street Address <b>20 Susan Circle</b>		Street Address <b>80 Pheasant Drive</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>Adam Lupino</b>		Director Name			
Street Address <b>62 Highland Street</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>David C DiMaio President</b>				Date <b>1/30/2019</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HFRE	

**FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FEB 04 2019**  
 BY 1070 DS  
 1077 FORM 631 - Revised: 11/2017