



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

FILED

JUN 05 2019

RY 1445

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 116894		2. Exact name of the Corporation Cranston Police Department Retiree's Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To bring all retired members of the Cranston Police Department together under one organization and to be committed to help in social and economic benefits for retirees and their families.			
4. NAICS Code 813410					
6. Principal Office Address 374 Congdon Hill Road			City Saunderstown	State RI 02874	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter J. Sepe		Vice-President Name James Perry			
Street Address 374 Congdon Hill Road		Street Address 122 Julia St.			
City Saunderstown	State RI	Zip 02874	City Cranston	State RI	Zip 02910
Secretary Name Gertrude Fitta		Treasurer Name Mark Sepe			
Street Address 265 Beckwith St.		Street Address 33 Highwood Terrace			
City Cranston	State RI	Zip 02910	City Cranston	State RI	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 Robert Baccari		Director Name Richard Gallo			
Street Address 135 Curtis St.		Street Address 23A Waterview Dr.			
City Cranston	State RI	Zip 02920	City Smithfield	State RI	Zip 02917
Director Name Vincent McAteer		Director Name Floyd Smith			
Street Address 15 Lilly Dr.		Street Address 33 Stam Ave.			
City Cranston	State RI	Zip 02920	City Cranston	State RI	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.					
<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 Peter J. Sepe/President				Date June 2, 2019	
Signature of Officer/Authorized Representative <i>Peter J. Sepe / President</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov