



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

FILED

JUN 06 2019

BY 17214

[Signature]

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 000031157		2. Exact name of the Corporation Cranston Senior Services Center Advisory Board					
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provides community support and direction for Cranston seniors					
4. NAICS Code 624120 - Services for Elderly :							
6. Principal Office Address 1070 Cranston Street				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 Alfred Charpentier				Vice-President Name Edmund Stabile			
Street Address 435 Scituate Avenue				Street Address 21 Garden Hills Drive			
City Cranston	State RI	Zip 02920		City Cranston	State RI	Zip 02920	
Secretary Name Mary Criscione				Treasurer Name Marie Stabile			
Street Address 15 Westhill Drive				Street Address 21 Garden Hills Drive			
City Cranston	State RI	Zip 02910		City Cranston	State RI	Zip 02905	
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 David Quiroa				Director Name Jeffrey Barone			
Street Address 9 Ledyard Street				Street Address 266 Scituate Avenue			
City Newport	State RI	Zip 02840		City Cranston	State RI	Zip 02921	
Director Name Mary Cronan				Director Name			
Street Address 11 Robert Circle				Street Address			
City Cranston	State RI	Zip 02905		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.							
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 Alfred Charpentier/President						Date May 16, 2019	
Signature of Officer/Authorized Representative <i>Alfred Charpentier</i>						SIGN DOCUMENT HERE PRESIDENT	

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