



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 06 2019

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.

BY 17214
JOA

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.					
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 Alfred Charpentier/President				Date May 16, 2019	
Signature of Officer/Authorized Representative <u>Alfred Charpentier</u> <u>PRESIDENT</u>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019