



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

**FILED**

JUN 14 2019 *OL*

RY 1326

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>174087</b>		2 Exact name of the Corporation <b>Cranston West Football Boosters</b>	
3 State of Incorporation <b>Rhode Island</b>		5 Brief description of the character of business conducted in Rhode Island <b>Promote High School Football</b>	
4 NAICS Code <b>61110</b>			
6. Principal Office Address <b>192 Mohawk Trail</b>		City <b>Cranston</b>	State <b>R.I.</b>
		Zip <b>02921</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>Thomas Milewsh.</b>		Vice-President Name <b>Robert Malo</b>	
Street Address <b>192 Mohawk Trail</b>		Street Address <b>63 Dixwell Ave</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02910</b>	
Secretary Name <b>Robert Murray</b>		Treasurer Name <b>Robert Murray</b>	
Street Address <b>75 Debbie Drive</b>		Street Address <b>75 Debbie Drive</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02921</b>		Zip <b>02921</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>Richard Aitchison</b>		Director Name <b>Shane Lagan</b>	
Street Address <b>93 Caporal Street</b>		Street Address <b>9 Fox Run Road</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>West Warwick</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02893</b>	
Director Name <b>Michael Fitzgerald</b>		Director Name	
Street Address <b>30 Wellspring Drive</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02920</b>		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>Thomas Milewsh.</b>			Date <b>6/11/19</b>
Signature of Officer/Authorized Representative <i>Thomas Milewsh.</i>			

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