



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 174087		2 Exact name of the Corporation Cranston West Football Boosters	
3 State of Incorporation Rhode Island		5 Brief description of the character of business conducted in Rhode Island Promote High School Football	
4 NAICS Code 61110			
6. Principal Office Address 192 Mohawk Trail		City Cranston	State R.I.
		Zip 02921	
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Thomas Milewsh.		Vice-President Name Robert Malo	
Street Address 192 Mohawk Trail		Street Address 63 Dixwell Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02910	
Secretary Name Robert Murray		Treasurer Name Robert Murray	
Street Address 75 Debbie Drive		Street Address 75 Debbie Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
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 Richard Aitchison		Director Name Shane Lagon	
Street Address 93 Caporal Street		Street Address 9 Fox Run Road	
City Cranston	State RI	City West Warwick	State RI
Zip 02910		Zip 02893	
Director Name Michael Fitzgerald		Director Name	
Street Address 30 Wellspring Drive		Street Address	
City Cranston	State RI	City	State
Zip 02920		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 Thomas Milewsh.			Date 6/11/19
Signature of Officer/Authorized Representative <i>Thomas Milewsh.</i>			

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