



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

FILED

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JUN 14 2019

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Annual Report for the year:
 Non-Profit Corporation

2019

- 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 95103		2. Exact name of the Corporation CRANSTON CITIZENS FOR RESPONSIBLE ZONING & DEVELOPMENT, INC.					
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ASSURE THE INVOLVEMENT OF THE PUBLIC INTEREST IN ZONING & DEVELOPMENT & RELATED MATTERS IN CRANSTON					
4. NAICS Code 813319							
6. Principal Office Address 30 GLEN RIDGE RD.				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 ACTING: RAMSEY DAVIS				Vice-President Name RAMSEY DAVIS			
Street Address 58 FORDSON AVE.				Street Address 58 FORDSON AVE.			
City CRANSTON		State RI		Zip 02910		City CRANSTON	
State RI		Zip 02910		State RI		Zip 02910	
Secretary Name SUZANNE ARENA				Treasurer Name CO-TREASURER: ROBERT OULOOSIAN			
Street Address 88 LAKELAND RD.				Street Address 30 GLEN RIDGE RD.			
City CRANSTON		State RI		Zip 02910		City CRANSTON	
State RI		Zip 02910		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 RAMSEY DAVIS				Director Name CO-TREASURER: HAROLD REALL			
Street Address 58 FORDSON AVE.				Street Address 38 HOWLAND RD.			
City CRANSTON		State RI		Zip 02910		City CRANSTON	
State RI		Zip 02910		State RI		Zip 02910	
Director Name MARIE REALL				Director Name ELEANOR SASSO			
Street Address 38 HOWLAND RD.				Street Address 60 GLENMERE DR.			
City CRANSTON		State RI		Zip 02910		City CRANSTON	
State RI		Zip 02910		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 ROBERT OULOOSIAN CO-TREASURER						Date 6/11/19	
Signature of Officer/Authorized Representative <i>Robert Ouloosian</i>						SIGN DOCUMENT HERE	