



Department of State - Business Services Division

FILED :

JUN 26 2020

BY 12005

Annual Report for the year: 2020
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 83855		2. Exact name of the Corporation Cranston Volunteer FireFighters Museum			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Firefighters museum that displays artifacts and equipment of the four (4) volunteer fire companies that once operated and served the City of Cranston until 1995.			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 470 Hope Road		City Cranston	State RI	Zip 02921	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin LaMorge			Vice-President Name James Searles		
Street Address 10 Lear Drive			Street Address 31 Elton Avenue		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02889
Secretary Name Paul Sherman			Treasurer Name Vincent Vinci		
Street Address 200 Cannon Street Unit # 144			Street Address 99 Hines Farm Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	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 John Saccoccia			Director Name Robert McAllister		
Street Address 85 Tomahawk Trail			Street Address 158 Harmon Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02910
Director Name Kenneth Smith			Director Name William Riccitelli		
Street Address 32 Briarwood Hill Road			Street Address 6 Hi View Drive		
City Exeter	State RI	Zip 02822	City Hope	State RI	Zip 02831
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Paul Sherman SECRETARY				Date 6-27-20	
Signature of Officer/Authorized Representative <i>Paul Sherman</i>				SIGN DOCUMENT HERE	

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