



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

Annual Report for the year: 2020
Non-Profit Corporation

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- 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 000084908		2. Exact name of the Corporation The Crandall Family Association	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To promote interest in Elder John Crandall of Westerly, RI: his history, descendants, contributions to the State of Rhode Island and Providence Plantations, and his influence in Colonial times.	
4. NAICS Code 813410			
6. Principal Office Address 201 Klondike Road		City Charlestown	State RI Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Judith Harbold		Vice-President Name Linda Johnston	
Street Address 118 Whitney Street		Street Address 25 Horton Street	
City Northborough	State MA	City Attleboro	State MA Zip 02703
Secretary Name Lorraine Corr		Treasurer Name Cassandra Crandall	
Street Address 6901 Winding Cypress Drive		Street Address 201 Klondike Road	
City Naples	State FL Zip 34114	City Charlestown	State RI Zip 02813
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 Crandall, Sr		Director Name Douglas Crandall	
Street Address 201 Klondike Road		Street Address 702 Locust Street	
City Charlestown	State RI Zip 02813	City Prophetstown	State IL Zip 61277
Director Name Scott Bill Hirst		Director Name 	
Street Address 20 Maple Court		Street Address 	
City Ashaway	State RI Zip 02804	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.			
<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 Cassandra E. Crandall			Date 6/23/20
Signature of Officer/Authorized Representative Cassandra E. Crandall			SIGN DOCUMENT HERE FILED

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

JUN 26 2020

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FORM 631 - Revised: 06/2019