



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JAN 30 2023
 BY 583 OS

1. Entity ID Number 001675433		2. Exact name of the Corporation CRA NSTON REGIONAL CRIME WA TCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island a working par tnership an d relationship between the community an d law enforcement to address all safety and security issues and concerns for the purpose of improving the quality of life in our community			
4. NAICS Code 624190					
6. Principal Office Address 225 BELVEDERE DRIVE			City CRANSTON	State RHODE ISLAND	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT O. MELIKIAN, JR			Vice-President Name ALBERT O. MELIKIAN, JR		
Street Address 225 BELVEDERE DRIVE			Street Address 225 BELVEDERE DRIVE		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
Secretary Name MARIA DROHAN			Treasurer Name ROBERT DROHAN		
Street Address 214 GLEN HILIS DRIVE			Street Address 214 GLEN HILLS DRIVE		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	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 ALBERT O. MELIKIAN, JR			Director Name ROBERT DROHAN		
Street Address 225 BELVEDERE DRIVE			Street Address 214 GLEN HILIS DRIVE		
City CRANSTON	State R.I.	Zip 02920	City CRANSTON	State R.I.	Zip 02920
Director Name MARIA DROHAN			Director Name		
Street Address 214 GLEN HILLS DRIVE			Street Address		
City CRANSTON	State R.I.	Zip 02920	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 ALBERT O. MELIKIAN, JR.				Date JANUARY 26, 2023	
Signature of Officer/Authorized Representative <i>Albert O. Melikian, Jr.</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