



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.

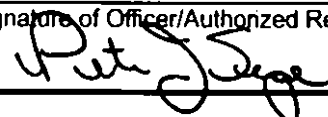
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BY

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PS

1. Entity ID Number 000116894		2. Exact name of the Corporation Cranston Police Department Retiree's Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To bring all retired members of the Cranston Police Department together under one organization and to be committed to help in social and economic benefits for retirees and their families.			
4. NAICS Code 813410					
6. Principal Office Address 374 Congdon Hill Road		City Saunderstown		State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter J. Sepe			Vice-President Name James Perry		
Street Address 374 Congdon Hill Road			Street Address 61 Daytona Avenue		
City Saunderstown	State RI	Zip 02874	City Narragansett	State RI	Zip 02882
Secretary Name Gertrude Fitta			Treasurer Name Mark A. Sepe		
Street Address 265 Beckwith St.			Street Address 33 Highwood Terrace		
City Cranston	State RI	Zip 02910	City Cranston	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 Richard Gallo			Director Name Gary Notarianni		
Street Address 23A Waterview Drive			Street Address 77 Keuhn Road		
City Smithfield	State RI	Zip 02917	City Ashaway	State RI	Zip 02804
Director Name Vincent McAteer			Director Name Floyd Smith		
Street Address 15 Lilly Drive			Street Address 33 Stam Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Peter J. Sepe, President				Date April 19, 2023	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023