



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001717554

**2. Name of Corporation** Cranston Cares

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813219

**4. Principal Office Address**

No. and Street: 20 PRIMROSE DRIVE

City or Town: CRANSTON

State: RI

Zip: 02921

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

CRANSTON CARES ORGANIZATION HOSTS FUNDRAISING EVENTS, AT TIMES IN PARTNERSHIP WITH LOCAL BUSINESSES AND/OR NONPROFITS, TO RAISE FUNDS IN SUPPORT OF VARIOUS ORGANIZATIONS THROUGHOUT THE CITY OF CRANSTON, RI AND SURROUNDING CITIES AND TOWNS IN RHODE ISLAND. MONETARY DONATIONS RAISED SUPPORT THE ELDERLY COMMUNITY, VETERANS, HOMELESS AS WELL AS THE YOUTH COMMUNITY WITH THE GOAL OF IMPROVING THEIR QUALITY OF LIFE AND FOSTERING THE COMMUNITY FOR THE RESIDENTS OF CRANSTON, RI.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	GINA ERICKSON	20 PRIMROSE DRIVE CRANSTON, RI 02921 USA
DIRECTOR	JUSTIN ERICKSON	20 PRIMROSE DRIVE CRANSTON, RI 02921 USA
DIRECTOR	THOMAS PIRRI	56 OVERLOOK RD NARRAGANSETT, RI 02882 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JUSTIN ERICKSON 20 PRIMROSE DRIVE CRANSTON , RI 02921

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of February, 2024 at 5:36:24 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JUSTIN ERICKSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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