



State of Rhode Island
Department of State - Business Services Division

FEB 06 2024...
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Annual Report for the year: 2024
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.

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 Genealogical non-profit organization for descendants of and those interested in the history of Elder John Crandall of Westerly, RI
4. NAICS Code 813410	

6. Principal Office Address c/o Cassandra Crandall, 201 Klondike Rd	City Charlestown	State RI	Zip 02813
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Judith C. Harbold			Vice-President Name Linda Johnston		
Street Address 118 Whitney St			Street Address 120 West Main St., Apt. M115		
City Northborough	State MA	Zip 01532	City Norton	State MA	Zip 02700
Secretary Name Lorraine Corr			Treasurer Name Cassandra Crandall		
Street Address 6901 Winding Cypress Drive			Street Address 201 Klondike Rd		
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 Scott Bill Hirst			Director Name Douglas Crandall		
Street Address 20 Maple Court			Street Address 702 Locust St		
City Ashaway	State RI	Zip 02804	City Prophetstown	State IL	Zip 60103
Director Name Stephanie Massey			Director Name Elizabeth Crandall		
Street Address 49 Peach Orchard Drive			Street Address 846 Brookside Drive		
City Riverside	State RI	Zip 02915	City Bartlett	State IL	Zip 60103

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 Cassandra E. Crandall	Date February 1, 2024
Signature of Officer/Authorized Representative 	

MAIL TO:
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Website: www.sos.ri.gov