



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

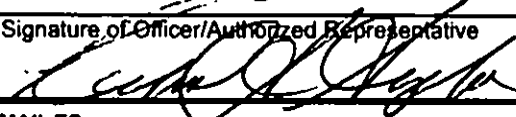
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2024 SEP 27 10:31

1. Entity ID Number 000145729		2. Exact name of the Corporation Cranston Commercial Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island: ADMINISTERING, REGULATING, OPERATING AND MAINTAINING THE CONDOMINIUM PROPERTY OF THE ASSOCIATION TITLE: 7-6			
4. NAICS Code 813990					
6. Principal Office Address 81 Western Industrial Drive		City Cranston		State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joe Melo			Vice-President Name Nick Viera		
Street Address 81-D Western Industrial Drive			Street Address 81-D Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Franciso Ramierz			Treasurer Name Richard St. Angelo		
Street Address 81-C Western Industrial Drive			Street Address 81-B Western Industrial Drive		
City Cranston	State Ri	Zip 02921	City Cranston	State RI	Zip 02921
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 St. Angelo			Director Name Joe Melo		
Street Address 81-B Western Industrial Drive			Street Address 81-D Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Director Name Nick Viera			Director Name Francisco Ramierz		
Street Address 81-D Western Industrial Drive			Street Address 81-C Western Industrial Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 Richard St. Angelo				Date 9/25/24	
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

FILED
SEP 27 2024
BY 2893 12:37
FORM 631 - Revised: 12/2023