

REC'D RI SOS BSD  
24 DEC 3 AM 11:03:25State of Rhode Island  
Department of State - Business Services DivisionAnnual 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.

1. Entity ID Number <b>000095305</b>		2. Exact name of the Corporation <b>Cranston Association of School Administrators</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Collect dues and distribute scholarships to students attending college.</b>	
4. NAICS Code <b>611110</b>			
6. Principal Office Address <b>899 Park Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02910</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kim Magnelli</b>		Vice-President Name <b>Alex Kanelos</b>	
Street Address <b>845 Park Avenue</b>		Street Address <b>25 Park View Blvd.</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02910</b>	
Secretary Name <b>Marisa Jackson</b>		Treasurer Name <b>Paul DePalma</b>	
Street Address <b>401 Budlong Road</b>		Street Address <b>899 Park Avenue</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02910</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Thomas Barbieri</b>		Director Name <b>Nicholas Ruggieri</b>	
Street Address <b>899 Park Avenue</b>		Street Address <b>32 Garden Street</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02910</b>	
Director Name <b>Michael Walsh</b>		Director Name	
Street Address <b>135 Gansett Avenue</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02910</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <b>Paul DePalma</b>			Date <b>12/3/2024</b>
Signature of Officer/Authorized Representative <i>Paul DePalma</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

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