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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022
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 000095305		2. Exact name of the Corporation Cranston Association of School Administrators			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Collect dues and distribute scholarships to students attending college.			
4. NAICS Code 611110					
6. Principal Office Address 899 Park Avenue			City Cranston	State RI	Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kim Magnelli			Vice-President Name Alex Kanelos		
Street Address 845 Park Avenue			Street Address 25 Park View Blvd.		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Marisa Jackson			Treasurer Name Paul DePalma		
Street Address 401 Budlong Road			Street Address 899 Park Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02910
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 Thomas Barbieri			Director Name Nicholas Ruggieri		
Street Address 899 Park Avenue			Street Address 32 Garden Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Michael Walsh			Director Name		
Street Address 135 Gansett Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
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 Paul DePalma				Date 12/3/2024	
Signature of Officer/Authorized Representative <i>Paul DePalma</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 11:04

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BY DFD1N

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