RI SOS Filing Number: 202566623640 Date: 3/4/2025 4:00:00 PM

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

Annual Report for the year: ^{ZUZO}	
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 000083855	2. Exact name of the Corporation Cranston Vol. F/F Museum of Meshanticut Park / Oaklawn, INC						
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Firefighters Museum that displays equipment and artifacts of the four (4) volunteer fire companies that operated in the City of Cranston until being no longer utilized by the City.						
4. NAICS Code 813910							
6. Principal Office Address 470 Hope Road			City Cranston	State RI	Zip 02921		
7. List ALL officers (names and add	lresses)		Check the box to indicate an attachment				
President Name Peter Melim			Vice-President Name Richard Cavalloro				
Street Address 51 Massachusetts Avenue			Street Address 120 Tillinghast Road				
^{City} Warwick	State RI	^{Zip} 02888	City Coventry	State RI	Zip U2816		
Secretary Name Paul Sherman Treasurer Name Vincent Vinci					•		
Street Address 200 Cannon Street Unit #144			Street Address 99 Hines Farm Road				
^{Crty} Cranston	State RI	^{Zip} 02920	^{City} Cranston	State RI	შ2921		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Thomas Saccoccia			Director Name John Saccoccia				
Street Address 6 Greenbrier Road			Street Address 85 Tomahawk Trail				
^{City} Greenville	State RI	^{Zip} 02828	^{City} Cranston	State RI	Zip U 29 21		
Director Name Michael Melancon			Director Name Brian Barlow				
Street Address 80 Spring Grove Avenue			Street Address 55 Locust Glen Drive				
City Warwick	State RI	^{Zip} 02889	^{City} Cranston	State RI	02920		
9. The Registered Agent information	n of record with th	e RI Department o	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				Date			
Paul D. Sherman		FILED	2/28/2025				
Signature of Officer/Authorized Rep	resentative		MAR 0 4 2025				

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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