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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 12 2025
BY

Annual Report for the year: 2025
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	2. Exact name of the Corporation
001675433	CRANSTON REGIONAL CRIME WATCH
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: working partnership and relationship between the community and law enforcement to address all safety and security issues for the putpose of improving the quality of life in the community
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
225 BELVEDERE DRIVE	CRANSTON	R.I.	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
ALBERT MELIKIAN,JR	225 BELVEDERE DRIVE	CRANSTON	R.I.	02920

Vice-President Name	Street Address	City	State	Zip
ALBERT O MELIKIAN,JR	225 BELVEDERE DRIVE	CRANSTON	R.I.	02920

Secretary Name	Street Address	City	State	Zip
MARIA DROHAN	214 GLEN HILLS DRIVE	CRANSTON	R.I.	02920

Treasurer Name	Street Address	City	State	Zip
ROBERT DROHAN	214 GLEN HILLS DRIVE	CRANSTON	R.I.	02920

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
ALBERT MELIKIAN,JR	225 BELVEDERE DRIVE	CRANSTON	R.I.	02920

Director Name	Street Address	City	State	Zip
ROBERT DROHAN	214 GLEN HILLS DRIVE	CRANSTON	R.I.	02920

Director Name	Street Address	City	State	Zip
MARIA DROHAN	214 GLEN HILLS DRIVE	CRANSTON	R.I.	02920

Director Name	Street Address	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.

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
ALBERT O. MELIKIAN,JR.	MARCH 10, 2025

Signature of Officer/Authorized Representative
Albert O. Melikian, Jr.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021