



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Non-Profit Corporation

APR 22 2025 S.H.P.
BY [Signature]

- 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 <u>000031052</u>		2. Exact name of the Corporation <u>CRANSTON CHRISTIAN FELLOWSHIP</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHURCH</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>1114 SCITUATE AVE</u>		City <u>CRANSTON</u>	State <u>R.I.</u> Zip <u>02920</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>SCOTT HAMMOND</u>		Vice-President Name <u>VINCENT S. PODMASKA</u>	
Street Address <u>6 WILLIAMSBURG DR</u>		Street Address <u>7 FACTORY POND CIRCLE</u>	
City <u>WESTERLY</u>	State <u>R.I.</u>	City <u>GREENVILLE</u>	State <u>R.I.</u>
Zip <u>02891</u>		Zip <u>02828</u>	
Secretary Name <u>STEPHEN HUTCHINS</u>		Treasurer Name <u>COLLEEN ELIAS</u>	
Street Address <u>29 RISE N SUN DR</u>		Street Address <u>8 HILLCREST DR.</u>	
City <u>HOPE</u>	State <u>R.I.</u>	City <u>COVENTRY</u>	State <u>R.I.</u>
Zip <u>02831</u>		Zip <u>02816</u>	
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 <u>RICK MOORE</u>		Director Name <u>PETER WORTHINGTON</u>	
Street Address <u>775 SANDY LANE</u>		Street Address <u>197A OLD COACH RD</u>	
City <u>WARWICK</u>	State <u>R.I.</u>	City <u>CHARLESTOWN</u>	State <u>R.I.</u>
Zip <u>02886</u>		Zip <u>02813</u>	
Director Name <u>MICHAEL ELIAS</u>		Director Name <u>ROBERT FORD</u>	
Street Address <u>8 HILLCREST DR</u>		Street Address <u>170 VANCOUVER AVE</u>	
City <u>COVENTRY</u>	State <u>R.I.</u>	City <u>WARWICK</u>	State <u>R.I.</u>
Zip <u>02816</u>		Zip <u>02886</u>	
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 <u>VINCENT PODMASKA</u>			Date <u>4/16/25</u>
Signature of Officer/Authorized Representative <u>Vincent Podmaska</u>			

MAIL TO:
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Website: www.sos.ri.gov