RI SOS Filing Number: 202577690800 Date: 8/18/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2025 AUG 18 A 11:39

1. Entity ID Number	2. Exact name of the Corporation
000053872	Cranston Police Relief Association
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	To provide financial aid to widows of deceased Cranston police officers.
4. NAICS Code	
624190 - Other Individual and	

6. Principal Office Address	City	State	Zip
5 Garfield Ave	Cranston	RI	02920

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

President Name Robert Tortorella			Vice-President Name Jon Pariseault		
Street Address 5 Garfield Ave			Street Address 5 Garfield Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Rebekah Neri			Treasurer Name		
Street Address 5 Garfield Ave			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip

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

Director Name Robert Tortorella			Director Name Rebekah Neri		
Street Address 5 Garfield Ave			Street Address 5 Garfield Ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Jon Pariseault			Director Name		
Street Address 5 Garfield Ave			Street Address		
City Cranston	State RI	Zip 02920	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
Robert Tortorella	8-13-25

Signature of Officer/Authorized Representative: Robert Tortorella

FILED

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

AUG 18 2025

BY 2041

FORM 631 - Revised: 11/2021