



**Department of State - Business Services Division**

Annual Report for the year: 2020  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 FEB - 3 AM 10:20

1. Entity ID Number <i>000026918</i>		2. Exact name of the Corporation <i>I.B.P.O. Cranston Local No. 1, Inc</i>			
3. State of Incorporation <i>Rhode Island</i>		5. Brief description of the character of business conducted in Rhode Island <i>Labor Union</i>			
4. NAICS Code <i>813930</i>					
6. Principal Office Address <i>1344 Cranston St.</i>			City <i>Cranston</i>	State <i>RI</i>	Zip <i>02920</i>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <i>Michael Caramante</i>			Vice-President Name <i>Ryan Shore</i>		
Street Address <i>1344 Cranston St.</i>			Street Address <i>1344 Cranston St.</i>		
City <i>Cranston</i>	State <i>RI</i>	Zip <i>02920</i>	City <i>Cranston</i>	State <i>RI</i>	Zip <i>02920</i>
Secretary Name <i>Jose Afonso</i>			Treasurer Name <i>Jeth Adrich</i>		
Street Address <i>1344 Cranston St.</i>			Street Address <i>1344 Cranston St.</i>		
City <i>Cranston</i>	State <i>RI</i>	Zip <i>02920</i>	City <i>Cranston</i>	State <i>RI</i>	Zip <i>02920</i>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <i>Mitchel Escobar</i>			Director Name <i>Robert Santagata</i>		
Street Address <i>1344 Cranston St.</i>			Street Address <i>1344 Cranston St.</i>		
City <i>Cranston</i>	State <i>RI</i>	Zip <i>02920</i>	City <i>Cranston</i>	State <i>RI</i>	Zip <i>02920</i>
Director Name <i>Derik Braga</i>			Director Name		
Street Address <i>1344 Cranston St.</i>			Street Address		
City <i>Cranston</i>	State <i>RI</i>	Zip <i>02920</i>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <i>MICHAEL CARAMANTE</i>					Date <i>2/3/2020</i>
Signature of Officer/Authorized Representative <i>[Signature]</i>					

SIGN DOCUMENT HERE **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

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 BY *QBAMN 87*