



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

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Annual Report for the year: 2024

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 Volunteer Firefighters Museum of Mashantucket 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 artifacts and equipment of the four (4) volunteer fire company's that operated in the City of Cranston until 1995		
4. NAICS Code 813910			
6. Principal Office Address 470 Hope Road		City Cranston	State RI
		Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Peter Melim		Vice-President Name Richard Cavalloro	
Street Address 51 Massachusetts Avenue		Street Address 120 Tillinghast Road	
City Warwick	State RI	City Coventry	State RI
	Zip 02888		Zip 02816
Secretary Name Paul Sherman		Treasurer Name Vincent Vinci	
Street Address 200 Cannon Street Unit # 144		Street Address 99 Hines Farm Road	
City Cranston	State RI	City Cranston	State RI
	Zip 02920		Zip 02921
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 Kenneth Smith		Director Name John Saccoccia	
Street Address 32 Briarwood Hill Road		Street Address 85 Tomahawk Trail	
City Exeter	State RI	City Cranston	State RI
	Zip 02822		Zip 02921
Director Name Thomas Sacoccia		Director Name Michael Melancon	
Street Address 6 Greenbrier Road		Street Address 80 Spring Grove Avenue	
City Greenville	State RI	City Warwick	State RI
	Zip 02828		Zip 02889
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<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 Paul D. Sherman			Date 5/10/2024
Signature of Officer/Authorized Representative 			

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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