

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a standard of the first \$10.00.

Second procession   Seco	penalty fee of \$25.00.  1. Corporate ID No.	1.3 Norman of Charles					
A component address in those bland   Street Address   City   Providence   City   O2907	•	1 " '	2. Name of Corporation  The Contex to Advance Minerity Participation in the Construction Industry, Inc.				
Rhode Island   570 Broad Street   Providence   0.2907							
5. Foreign corporation. Price parmipal office address  6. Bring Description of the character of the adjans which are extendly conducted in Rhode Inhand  TO PROMOTE THE BENEFITS OF CAREERS IN THE BUILDING TRADES  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  President Name  John Cruz  Street Address  PO Box 27120  City   Nativ   Zip   Providence   Ri   02907  River Address  PO Box 27120  Street Address  PO Box 27120  City   State   Zip   Providence   Ri   02907  River Address  PO Box 27120  Street Address  Providence   Ri   02907   Providence   Ri   02907		1 *			1 "	*	
TO PROMOTE THE BENEFITS OF CAREERS IN THE BUILDING TRADES  7. NAMES AND ADDRESSES OF THE OFFICERS; (*x* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    President Name				Clly			
TO PROMOTE THE BENEFITS OF CAREERS IN THE BUILDING TRADES  7. NAMES AND ADDRESSES OF THE OFFICERS; (*x* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    President Name							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    President Name	6. Brief Description of the cha	aracter of the affairs whic	b are actually conducted in Ri	bode Island	I		
Vice Prosident Name	TO PROMOTE THE B	SENEFITS OF CAR	REERS IN THE BUILDIN	IG TRADES			
Vice Prosident Name				<u>_</u>			
Street Address   Street Address		ESSES OF THE OFI	FICERS: ("X" BOX FOR A	,	CES BEFORE USING ATTA	CHMENTS	
Street Address PO Box 27120 City Providence Ri  02907  Secretary Annie Providence Ri  02907  Street Address PO Box 27120  City Providence Ri  02907  State Providence Ri  02907  State Ri  02907  Providence Ri  02907  State Ri  02907  State Ri  02907  Providence Ri  02907  State Ri  02907  Providence Ri  02907				Vice President Name			
PO Box 27120	** ****						
City         State         Zdp         City         State         Zdp           Providence         RI         02907         Freaturer Name         Image: Company Name Secretary Name         Image: Company Name Secretary Name         Image: Company Name Secretary Name Secretary Name Secretary Name         Image: Company Name Secretary Name Secretary of State         Street Address         PO Box 72764         Image: Company Name Secretary Name Secretary of State.         Image: Company Name Secretary Name Secretary of State.         Image: Company Name Secretary Name Secretary of State.         Image: Company Name Secretary of Sta				Street Address			
Providence RI 02907  Secretary Name John Cruz  Ken Smith  Street Address PO Box 27120  City State Providence RI 02907  State Value  State Value  Director Name  John Cruz  Stanford E. Cameron  Street Address  PO Box 27120  City State RI 02907  Providence RI 02907  Street Address  Providence RI 02907		Stata	765	C'Hu	State	Zib	
Treasurer Name   John Cruz   Ken Smith		l l	i '	Ε,μ,γ	.nan	2.4p	
Street Address			102901	Treasurer Name	. <u>.                                   </u>		
PO Box 27120	•						
City         State         Zip         City         State         Zip           Providence         RI         02907         Providence         RI         02907           8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)				Street Address			
Providence RI 02907 Providence RI 02907 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-2  Director Name    Director Name   Executive   Director				PO Box 72764			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-2  Director Name    Director Name	City	State	Ziţ>	City	State	Zip	
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Director Name   Director Name   Executive   Director	8. NAMES AND ADDR	ESSES OF THE DIF	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPA	ACES BEFORE USING ATT.	ACHMENTS	
Stanford E. Cameron	THE NUMBER OF DIE	RECTORS OF A DO	MESTIC (RHODE ISLA			<u>REE (3).</u> R.I.G.L. 7-6-23	
Street Address PO Box 27120  City State Providence RI  02907  Providence Providence RI  02907  Providence Providence RI  02907  Providence RI  02907  Providence RI  02907  Providence Rochelle Bates-Lee  Street Address 118 Comstock Street  City State RI  02907  City State City Providence RI  02907	Director Name			- Director Name Execut	tive Director		
PO Box 27120  City State Providence RI  02907 Providence RI  Director Name Morris Akinfolarin  Street Address 118 Comstock Street  City State RI  02907  City Street Address 118 Comstock Street  City Providence RI  02907  City Riae Rochelle Bates-Lee  City Providence RI  02907	John Cruz			Stanford E. Cameron			
City   State   Zip   City   State   Zip   Director Name   RI   Director Name   Rochelle Bates-Lee	Street Address			Street Address			
Providence RI 02907 Providence RI 02907  Director Name Morris Akinfolarin  Street Address 118 Comstock Street  City State RI 02907  Providence RI 02907	PO Box 27120			570 Broad Street			
Director Name Morris Akinfolarin  Street Address  118 Comstock Street  City  State  RI  Providence  RI  02907  Providence  RI  02907  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.1.G.L. 7-6-13/7-6-78	City	State	Ζip	Сйу		1 '	
Morris Akinfolarin  Rochelle Bates-Lee  Street Address  118 Comstock Street  City  State RI  Providence RI  02907  Providence RI  02907  Providence RI  02907  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78	Providence	Ri	02907	Providence	RI	02907	
Street Address  118 Comstock Street  City State Zip City Providence RI 02907  9. REGISTERED AGENT IN RHODE ISLAND  Street Address  Street Address  570 Broad Street  City Providence RI 02907  Providence RI 02907  Providence RI 02907  Providence RI 02907							
118 Comstock Street  City State RI 02907  Providence RI 02907  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.1.G.L. 7-6-13/7-6-78	Morris Akinfolarin			Rochelle Bates-Lee			
Providence RI 02907 Providence RI 02907  Registered Agent in Rhode Island  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.1.G.L. 7-6-13/7-6-78							
Providence RI 02907 Providence RI 02907  9. REGISTERED AGENT IN RHODE ISLAND  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.1.G.L. 7-6-13/7-6-78							
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	9. REGISTERED AGEN	IT IN RHODE ISLA	ND				
	This information is curr	rently of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	13/7-6-78	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	<del></del>						
	This repor	t must be signed by	either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasurer, Re	eceiver or Trustee	

95639	JUN 1 1 2009  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date Check No.	statements contained herein are true and correct.  Signature of Officer  Date  John Cruz
By:FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  President  Title of Officer  Form 631 Rev. 09/17

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## The Center to Advance Minority Participation in the Construction Industry, Inc. Corporate ID 95639 Directors as of 06/01/09 Attachment

Ramon Henderson 54 Speck Avenue Cranston, RI 02910

Ken Smith PO Box 72764 Providence, RI 02907

Warley Williams 185 Cottage Street New Bedford, MA 02740