



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 31217		2. Exact name of the Corporation Sheet Metal Contractors Association of R.I.			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 55 Dorrance Street, Suite 301		City Providence	Zip 02903
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island To promote the common interests of the sheet metal trade.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Wild			Vice-President Name Michael St. Martin		
Street Address 55 Dorrance Street, Suite 301			Street Address 55 Dorrance Street, Suite 301		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Ronald F. Cronin			Treasurer Name Ronald F. Cronin		
Street Address 55 Dorrance Street, Suite 301			Street Address 55 Dorrance Street, Suite 301		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name J. Lawrence Brillon			Director Name Ronald F. Cronin		
Street Address 55 Dorrance Street, Suite 301			Street Address 55 Dorrance Street, Suite 301		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name David Wild			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 21 2012

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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.

Ronald F. Cronin May 15 2012
 Signature of Officer Date

RONALD F. CRONIN
 Print or Type Name of Officer

SECRETARY/TREASURER
 Title of Officer