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.	2. Exact name of the Corporation		
31217	Sheet Metal Contractors Association of R.I.		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
Rhode Island	55 Dorrance Street, Suite 301	Providence	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) ☐

President Name			Vice-President Name		
David Wild			Michael St. Martin		
Street Address			Street Address		
55 Dorrance Street, Suite 301			55 Dorrance Street, Suite 301		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name			Treasurer Name		
Ronald F. Cronin			Ronald F. Cronin		
Street Address			Street Address		
55 Dorrance Street, Suite 301			55 Dorrance Street, Suite 301		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
J. Lawrence Brillon			Ronald F. Cronin		
Street Address			Street Address		
55 Dorrance Street, Suite 301			55 Dorrance Street, Suite 301		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Director Name			Director Name		
David Wild					
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
BY 1039

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

Form No. 631
Revised: 01/2012