



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/business

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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.<br><b>000027736</b>  |                    | 2. Exact name of the Corporation<br><b>North Kingstown Bus Contractors Association</b>   |   |                     |                     |
| 3. State of Incorporation<br><b>RI</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>To provide a means for handling business interests and issues with regard to matters affecting bus owners.</b> |   |                     |                     |
| 5. Principal office address<br><b>845 Tower Hill Road</b>   |                    | City<br><b>North Kingstown</b>   | State<br><b>RI</b>                            | Zip<br><b>02852</b> |                     |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                     |                     |
| President Name<br><b>Joseph C. Peck</b>   |                    |  | Vice-President Name<br><b>Elmer Salisbury</b> |                     |                     |
| Street Address<br><b>845 Tower Hill Road</b>  |                    |  | Street Address<br><b>551 Ten Rod Road</b>     |                     |                     |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>North Kingstown</b>                | State<br><b>RI</b>  | Zip<br><b>02852</b> |
| Secretary Name<br><b>Nancy J. Peck</b>  |                    |  | Treasurer Name<br><b>Nancy J. Peck</b>        |                     |                     |
| Street Address<br><b>845 Tower Hill Road</b>  |                    |  | Street Address<br><b>845 Tower Hill Road</b>  |                     |                     |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>North Kingstown</b>                | State<br><b>RI</b>  | Zip<br><b>02852</b> |
| 7. 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<br><b>John Gibbons, Jr.</b>   |                    |  | Director Name<br><b>John Gibbons, III</b>     |                     |                     |
| Street Address<br><b>3 Stonegate Drive</b>  |                    |  | Street Address<br><b>10 Fletcher Road</b>     |                     |                     |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>North Kingstown</b>                | State<br><b>RI</b>  | Zip<br><b>02852</b> |
| Director Name<br><b>John Novak</b>  |                    |  | Director Name                                 |                     |                     |
| Street Address<br><b>60 Cynthia Drive</b>   |                    |  | Street Address                                |                     |                     |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City  | State               | Zip                 |
| 8. 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: \_\_\_\_\_

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**FILED**

JUN 17 2013

BY 1207

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.

*Nancy J. Peck* 06/13/2013  
 Signature of Officer Date

**Nancy J. Peck**  
 Print or Type Name of Officer

**Secretary/Treasurer**  
 Title of Officer