



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 2014

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. 30582		2. Exact name of the Corporation Union 94, Brotherhood of Carpenters and Joiners of America			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Labor Organization			
5. Principal office address 14 Jefferson Park Road		City Warwick	State RI	Zip 02888	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David F. Palmisciano		Vice-President Name Frank M. Taraborelli			
Street Address 227 George Allen Road		Street Address 75 Sharon Street			
City Chepachet	State RI	Zip 02814	City Cranston	State RI	Zip 02910
Secretary Name Charles A. Johnson		Treasurer Name Thomas J. Savoie			
Street Address 24 Sweetwater Drive		Street Address 269 Dodge Street			
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
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 David F. Palmisciano		Director Name Frank M. Taraborelli			
Street Address 227 George Allen Road		Street Address 75 Sharon Street			
City Chepachet	State RI	Zip 02814	City Cranston	State RI	Zip 02910
Director Name Charles A. Johnson		Director Name Thomas J. Savoie			
Street Address 24 Sweetwater Drive		Street Address 269 Dodge Street			
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
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, duly Authorized Representative, Receiver or Trustee

FILED

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.

File Date _____

Check No _____

By: _____

MAY 02 2014

10/18

David F. Palmisciano 4-30-14

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

David F. Palmisciano, President

Print or Type Name of Officer or Authorized Representative