RI SOS Filing Number: 201441901130 Date: 06/25/2014 11:40 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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 penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000030334

2. Name of Corporation Rhode Island Independent Contractors and Associates

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 1121
City or Town: SLATERSVILLE State: RI Zip: 02876 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EDUCATIONAL AND INDUSTRY SAFETY FOR MEMBERS AND WORK TO PROMOTE FAIR RULES AND REGULATIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MATHEW R. OLSON	676 SOUTH ROAD EAST GREENWICH, RI 02818 USA
TREASURER	HENRY DILIBERO	5 DAISY STREET WEST WARWICK, RI 02893 USA

0-7603-0

SECRETARY	ROBERT JOHNSON	2417 EAST MAIN RD. PORTSMOUTH, RI 02871 USA
DIRECTOR	PETER BRENNAN	89 POOLS LANE TIVERTON, RI 02878
DIRECTOR	DAVID SKURKA	131 COWESETT AVENUE WEST WARWICK, RI 02893 USA
DIRECTOR	JAMES B TAGLIONE	33 CEDAR SWAMP ROAD SMITHFIELD, RI 02917 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERT E. LAFLEUR 99 PROVIDENCE PIKE NORTH SMITHFIELD , RI 02896

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of June, 2014 at 11:51:54 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ROBERT E. LAFLEUR, EXECUTIVE DIRECTOR
Signature of Authorized Person

Form No. 631
Revised 09/07