

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. 000029479

2. Name of Corporation Rhode Island Builders Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 450 VETERANS MEMORIAL PARKWAY, #301

City or Town: EAST PROVIDENCE State: RI Zip: <u>02914</u>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

TRADE ASSOCIATION FOR THE RESIDENTIAL CONSTRUCTION INDUSTRY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	JOHN E. ANDERSON	41 CEDAR SWAMP ROAD SMITHFIELD, RI 02917
DIRECTOR	BRIAN R ARNOLD	18 TEWS COURT NEWPORT, RI 02840 USA
DIRECTOR	MICHAEL ARTESANI, SR.	1704 BROAD STREET

		CRANSTON, RI 02905 USA
DIRECTOR	MICHAEL C. ARTESANI, JR.	1704 BROAD STREET CRANSTON, RI 02905 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

ROGER R. WARREN 450 VETERANS MEMORIAL PARKWAY, #301 EAST PROVIDENCE, RI 02914

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

Signed this 21 Day of July, 2014 at 1:07:18 PM 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 <u>STEVE GIANLORENZO</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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