

## 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.	2. Exact name of the Corporation	
133764	Rhode Talas	nd Alarm and Systems Contractors Association
3. State of Incorporation	4. Brief description of the character o	
Rhude Island		in representing education for low village
5. Principal office address		Contractors
	st Shure Road	City Warwick State RI 02869
6. LIST <u>ALL</u> OFFICERS (NAME	S AND ADDRESSES) ("X" BOX FOR	
President Name		Vice-President Name
Street Address	vid Cicchitelli	Henry Guzeika
·	Academy Avenue	Street Address  Z18 Algonium Drive
	Academy Avenue   State   Zip	City State Zip
Providence	RI 02908	City Warwick RI 02888
Secretary Name	4	Treasurer Name
Paul Santa Street Address		Jasn H. Sidok
87 Eas	st Share Drive	Street Address ZG Carpenter Street
Exeter	State RI Zip 02822	City Rehoboth State MA Zip 02769
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRESSES). RHODE ISLA	ND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS
Director Name		Director Name
Henry Guzeika		Paul Santa
Street Address		Street Address
218 Algon	quin Drive	89 East Shore Drive
Dity Warwick	gun Dove State Zip RI 02888	City Exeter State RT 02822
Director Name		Director Name
David C	icchitelli	Jason H. Sidok
Street Address 85 A Cad	emy Avenue State Zip	Street Address 26 Carpenter Street
Providence	State RI Zip 02903	Rehoboth State Zip 02769
B. REGISTERED AGENT IN RHO	DE ISLAND	
his information is currently of	record in the Office of the Secretary	of State. Changes require filing Form 641.
his report must be signed by eithe	er the President, Vice-President, Secret	ary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver
r Trustee		
		Under penalty of perjury, I declare and affirm that I have examined
File Date	FILED	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No		
Ву:		12/4/14
FOR SECRETARY OF STATE U	0EC 0 2014	Signature of Officer or Authorized Representative Date
orm No. 631 evised: 04/2014	BY	Print or Type Name of Officer or Authorized Representative