

## 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 2015

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO	O FILE THIS REPORT BY J	JULY 30 WILL RESULT IN A \$	25.00 PENALT	fee.
1. Entity ID No.	name of the Corporation	····	- · · • · · · · · · · · · · · · · · · ·	
10+11796 RHOT	RHODE ISLAND PUILDING OFFICIALS ASSOCIATION			
State of Incorporation	Brief description of the character of business conducted in Rhode Island			
RI ASSOC	ASSOCIATION OF R.I. BUILDING OFFICIALS			
5. Principal office address P-0 - Bo	x 6125	CITY WARWKK	State RI	Zip 02887
6. LIST ALL OFFICERS (NAMES AND AL	DDRESSES) ("X" BOX FOR A			
President Name WAYNE PIMENTAL		Vice-President Name PETEK SCORPIO 111		
Street Address P. 0 - 150X & 125		Street Address 6125		
WARWICK State RI	Zip 02887	City WARW CK	State RT	Zip 02557
Secretary Name THOMAS DIFUSCO		Treasurer Name ALFREO <b>B</b> ECORTE		
rreet Address P.O. Box 005		Street Address P.O. Box 4125		
City State RI	Zip 02887	City WARWICK	State RT	02887
7. LIST <u>ALL</u> DIRECTORS (NAMES AND A ("X" BOX FOR ATTACHMENT)	ADDRESSES). RHODE ISLAN	D CORPORATIONS MUST LIST	NO LESS THAN	THREE (3) DIRECTORS
Director Name WHYNE PIMENTAL		Director Name  ALFREO DECORTE		
Street Address P.O. Box 0125		Street Address P.O. BOX Q125		
City State RI	2ip 03887	City WARWICK	State	Zip 02887
Director Name PETER SCORPIO III		Director Name	•	
Street Address F. 0 · Box 4125		Street Address		
City State RI	Zig 2887	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAI	ND /			
This information is currently of record in	the Office of the Secretary o	of State. Changes require filing I	Form 641.	
This report must be signed by either the Pre or Trustee				epresentative, Receiver
		Under penalty of perjury, I o	declare and affirm	that I have evamined
File Date		this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No		M / A work Sweet	(1)	6-1-15
Ву:	FILED	Signature of Officer or Author	rized Representativ	9 773 ve Date
FOR SECRETARY OF STATE USE ONLY MAY 1 5 2015		WAYNE R. PIMENTAL		
Form No. 631 Revised: 04/2014	MA	Print or Type Name of Officer or Authorized Representative		