



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

No Fee

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

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000029637

2. Name of Corporation RHODE ISLAND CHAPTER CONSTRUCTION SPECIFICATIONS INSTITUTE

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 200 MIDWAY ROAD
PO BOX 20323

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

FILED

DEC 21 2015

BY KL 3513

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

EDUCATIONAL, NOT FOR PROFIT

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

SECRETARY	DAVID ALTMAN	200 MIDWAY ROAD CRANSTON, RI 02920 USA
DIRECTOR	PATRICK QUINLAN	200 MIDWAY ROAD CRANSTON, RI 02920 USA
DIRECTOR	PATRICK PENSA	200 MIDWAY ROAD CRANSTON, RI 02920 USA
DIRECTOR	CYNIE LINTON	200 MIDWAY ROAD CRANSTON, RI 02920 USA
PRESIDENT	DEAN BALCIRAK	200 MIDWAY ROAD CRANSTON, RI 02920 USA
PRESIDENT ELECT	MICHAEL OWEN	200 MIDWAY ROAD CRANSTON, RI 02920 USA
TREASURER	MARIA SMITH	200 MIDWAY ROAD CRANSTON, RI 02920 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 H. BRESLIN, JR., ESQ. THE MEADOWS, SUITE B-206 1130 TEN ROD ROAD NORTH
KINGSTOWN , RI 02852

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Maria Smith

Business Name: RICSI

No. and Street: 200 MIDWAY ROAD
PO BOX 20323

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

Contact Phone: _____

Contact Email: _____

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 19 Day of December, 2015 at 8:14:39 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 Maria Smith
 Signature of Authorized Person

Make Corrections

Accept

Form No. 631
 Revised 09/07