RI SOS Filing Number: 201692087250 Date: 02/08/2016 2:02 PM

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 FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

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SECRETARY OF STATE
CORPORATIONS DIV
2016 FEB -8 PM 2:02

1. Entity ID No.	2. Exact name of the Corporation
30992	Rhode Island Sign Contractor's Association
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Meetings of sign mfg. & installers

5. Principal office address	City	State	Zip
6855 Post Rd.	North Kingstown	RI	02852

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Alex Antonovich	Joe Lomastro
Street Address: 8 Pond View Court	Street Address: 6855 Post Rd.
City: West Greenwich; State: RI; Zip: 02817	City: North Kingstown; State: RI; Zip: 02852
Secretary Name: Ray Dion	Treasurer Name: Gary Paplauskas
Street Address: 1075 High St.	Street Address: 11 Knight St. E18
City: Central Falls; State: RI; Zip: 02863	City: Warwick; State: RI; Zip: 02886

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Alex Antonovich	Joe Lomastro
Street Address: 8 Pond View Court	Street Address: 6855 Post Rd.
City: West Greenwich; State: RI; Zip: 02817	City: North Kingstown; State: RI; Zip: 02852
Director Name: Ray Dion	Director Name: Gary Paplauskas
Street Address: 1075 High St.	Street Address: 11 Knight St E18
City: Central Falls; State: RI; Zip: 02863	City: Warwick; State: RI; Zip: 02886

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____ **FILED**

Check No _____ FEB 08 2016 2:07

By: _____

FOR SECRETARY OF STATE USE ONLY By: KC 2/8/16

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Joseph Lomastro 2/8/16
Signature of Officer or Authorized Representative Date

Joseph Lomastro
Print or Type Name of Officer or Authorized Representative

132200-2-1061514
Form No. 631
Revised: 04/2014