

## 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 ANNUA	AL REPORT FOR THI	E YEAR _	2012	
<del>-</del>	June 30 · This report must be typed	· · ·			
Filing Fee: \$20.00 • FAI	LURE TO FILE THIS REPORT BY J	ULY 30 WILL RESULT IN A \$25.0	0 PENALTY	E OM	
1. Entity ID No.	2. Exact name of the Corporation		,		
30992	Rhude Island Sign	Contractor's Associat	400	RECE TAR	
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island				
R.9.	M+g. of sign my	1 Installers	:	PH 2:	
5. Principal office address		Nac IL Kings Lun	State	3° DECT	
	ES AND ADDRESSES) ("X" BOX FOR A	TTACHMENT)			
President Name		Vice-President Name			
Kay DOJ Street Address		Street Address			
1075 High St	1.	12 Drake Rd	•		
City Couton 1 FAIls	State R9 Zip CD863	Street Address  13 Drake Rd  City  Warw ick	State	Zip C2888	
Secretary Name  Lomas	ro	GAOV Pagla	chas		
Street Address  6855 Post Rd.		Street Address  11 KNISKA St. ET8  City Warrick State 200886			
City North Kingstown	State Zip COSSO	City Nauvich	State P9	Zip OJ886	
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMEN	MES AND ADDRESSES). RHODE ISLAN	D CORPORATIONS MUST LIST NO	LESS THAN TH	IREE (3) DIRECTORS	
Director Name		Director Name  Bill GAVIGAD			
Street Address 1025 High St	<i>.</i>	Street Address Ja Drake	Street Address 12 Druke Pd.		
City Civital FAILS	State	Warwick	State P.9.	Zip 02888	
Director Name  Joe Iomask	Ó	Director Name  SARY PADAUSE AS  Street Address			
Street Address 6855 Post R		11 KNKH ST	1. E78		
Nork Kingstowa	R9. Zip W852	City Warrenche	State 9	Zip 0886	
8. REGISTERED AGENT IN RH	The state of the s				
	f record in the Office of the Secretary of				
or Trustee	her the President, Vice-President, Secreta	rry, Assisiant Secretary, Treasurer, duly	Authorizea Hep	resentative, Heceiver	
File Date		Under penalty of perjury, I declar this report, including any accor			
		and that all statements contained herein are true and correct.			
Check No	FILED	Assel Jona	us do	2/8/16	
<b>y</b> y:	FEB 0 8 2016 2 04	Signature of Officer or Authorized	Representative	Date	

Form No. 631 Revised: 04/2014 RV X 267114

Joseph Lomastro

Print or Type Name of Officer or Authorized Representative