



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
126034		New England Laborers' Apprenticeship Fund			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To advance the needs and goals of Apprenticeship			
5. Principal Office Address		City	State	Zip	
226 South Main Street		Providence	RI	02903	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Armand E. Sabitoni			Vice-President Name		
Street Address 226 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Michael A. Traficante			Treasurer Name Vincent R. Masino		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Armand E. Sabitoni			Director Name Joseph Sabitoni		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Vincent R. Masino			Director Name		
Street Address 226 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative VINCENT R. MASINO				Date June 7, 2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 10 2016  
By KL 1483