RI SOS Filing Number: 201602561090 Date: 07/22/2016 4:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year: 2016**

**Non-Profit Corporation**

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| **0029479** | **RHODE ISLAND BUILDERS ASSOCIATION INC.** |
| 3. State of Incorporation | 4. Brief description of the character of business conducted in Rhode Island |
| **Rhode Island** | **TRADE ASSOCIATION FOR THE RESIDENTIAL CONSTRUCTION INDUSTRY** |

| 5. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **450 Veterans Memoral Parkway #301** | **East Providence** | **RI** | **02914** |

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name **ROLAND FIORE** | | | Vice-President Name **DAVID CALDWELL** | | |
| Street Address **145 FIORE INDUSTRIAL DRIVE** | | | Street Address **6500 POST ROAD** | | |
| City **WAKEFIELD** | State **RI** | Zip **02879** | City **N KINGSTOWN** | State **RI** | Zip **02852** |
| Secretary Name **TIMOTHY STASIUNUS** | | | Treasurer Name **STEVE GIANLORENZO** | | |
| Street Address **P O BOX 177** | | | Street Address **256 DOVER STREET** | | |
| City **CHARLESTOWN** | State **RI** | Zip **02913** | City **EAST PROVIDENCE** | State **RI** | Zip **02914** |

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name **LOUIS COTIA** | | | Director Name **THOMAS D'ANGELO** | | |
| Street Address **P O BOX 217** | | | Street Address **15A TERRY LANE** | | |
| City **W KINGSTON** | State **RI** | Zip **02892** | City **CHEPACHET** | State **RI** | Zip **02814** |
| Director Name **CAROL O'DONNEL** | | | Director Name **JOHN BENTZ** | | |
| Street Address **2143 HARTFORD AVEUNE ST1** | | | Street Address **4 CATHEDRAL SQUARE SUITE G1** | | |
| City **JOHNSTON** | State **RI** | Zip **02919** | City **PROVIDENCE** | State **RI** | Zip **02903** |

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

***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.***

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

| Name of Officer/Authorized Representative | Date |
|---|---|
| John Marcantonio | 7/20/16 |

Signature of Officer/Authorized Representative

John Marcantonio SIGN DOCUMENT HERE

**FILED**
JUL 22 2016
BY 2250

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 631 - Revised: 05/2016