



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:** 2015

**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.

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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.

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1. Entity ID Number <b>95639</b>		2. Exact name of the Corporation <b>The Center to Advance Minority Participation in the Construction Industry</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Operate small business incubator &amp; conduct training</b>	
5. Principal Office Address <b>570 Broad St.</b>		City <b>Prov</b>	State <b>RI</b>
		Zip <b>02907</b>	
6. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>John Cruz</b>		Vice-President Name <b>Ken Smith</b>	
Street Address <b>570 Broad St.</b>		Street Address <b>570 Broad St</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Secretary Name		Treasurer Name <b>Ken Smith</b>	
Street Address		Street Address <b>570 Broad St.</b>	
City	State	City	State
Zip		Zip	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>John Cruz</b>		Director Name <b>Ken Smith</b>	
Street Address <b>570 Broad St.</b>		Street Address <b>570 Broad St.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</b>	
Director Name		Director Name <b>Warley Williams</b>	
Street Address		Street Address <b>570 Broad St.</b>	
City	State	City <b>Providence</b>	State <b>RI</b>
Zip		Zip <b>02907</b>	
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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Stanford E. Cameron</b>			Date <b>2.3.17</b>
Signature of Officer/Authorized Representative <b>STAN E. CAMERON</b>			

**FILED**

FEB 03 2017

BY CK 294903  
9:51

**MAIL TO:**

**Division of Business Services**

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FORM 631 - Revised: 05/2016