



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

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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BUS. SVCS. DIV.

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1. Entity ID Number <u>95639</u>		2. Exact name of the Corporation <u>The Center to Advance Minority Participation in the Construction Industry</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Operate small business incubator & conduct training</u>			
5. Principal Office Address <u>570 Broad St.</u>			City <u>Prov</u>	State <u>RI</u>	Zip <u>02907</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>John Cruz</u>			Vice-President Name <u>Ken Smith</u>		
Street Address <u>570 Broad St.</u>			Street Address <u>570 Broad St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Secretary Name			Treasurer Name <u>Ken Smith</u>		
Street Address			Street Address <u>570 Broad St.</u>		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>John Cruz</u>			Director Name <u>Ken Smith</u>		
Street Address <u>570 Broad St.</u>			Street Address <u>570 Broad St.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name			Director Name <u>Warley Williams</u>		
Street Address			Street Address <u>570 Broad St.</u>		
City	State	Zip	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
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.					
<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 <u>Stanford E. Cameron</u>				Date <u>2.3.17</u>	
Signature of Officer/Authorized Representative <u>N. G. Cruz</u>				SIGN DOCUMENT HERE	

FILED

FEB 03 2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY CK 294903
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FORM 631 - Revised: 05/2016