



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
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 30992		2. Exact name of the Corporation Rhode Island Sign Contractors Association	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Meeting of sign mfg. & installers	
5. Principal Office Address 6855 Post Rd.		City North Kingstown	State R9
		Zip 02852	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Peter Douglas		Vice-President Name Ray Dion	
Street Address 221 Jefferson Blvd.		Street Address 1075 High St.	
City Narrick	State R9	City Central Falls	State R9
Zip 02888		Zip 02863	
Secretary Name Gary Paplauskas		Treasurer Name Joe Lomastoo	
Street Address 11 Knight St. E18		Street Address 6855 Post Rd.	
City Narrick	State R9	City North Kingstown	State R9
Zip 02886		Zip 02852	
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 Peter Douglas		Director Name Ray Dion	
Street Address 221 Jefferson Blvd.		Street Address 1075 High St.	
City Narrick	State R.I.	City Central Falls	State R9
Zip 02888		Zip 02863	
Director Name Gary Paplauskas		Director Name Joe Lomastoo	
Street Address 11 Knight St. E18		Street Address 6855 Post Rd.	
City Narrick	State R9	City NORTH KINGSTOWN	State R9
Zip 02886		Zip 02852	
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 Joseph Lomastoo		Date 3-10-17	
Signature of Officer/Authorized Representative <i>Joseph Lomastoo</i>			

FILED *C*

MAR 13 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

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FORM 631 - Revised 05/2016