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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation								
31045	Rhode is	Rhode Island Subcontractors Association, Inc.								
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island								
Rhode Island	To prom	To promote the common interests of the subcontracting trades								
5. Principal office address 55 Dorrance Street, Suite 301			City Providence	State RI	Zip 02903					
. LIST ALL OFFICERS	NAMES AND ADDR	("X" BOX FO	OR ATTACHMENT)							
President Name Ronald J. Parrillo, II			Vice-President Name None							
Street Address 1080 Main Street			Street Address							
City Pawtucket	State RI	Zip 02860	City	State	Zip					
Secretary Name J. Lawrence Brillon			Treasurer Name J. Lawrence Brillon							
Street Address 89 Pettaconsett Avenue			Street Address 89 Pettaconsett Avenue							
City	State	Zip	City	State	Zip					
Cranston	RI	02920	Cranston	RI	02920					
. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACK	(NAMES AND ADD IMENT)	RESSES). RHODE IS	LAND CORPORATIONS <u>MUST</u> L	IST NO LESS THAN	THREE (3) DIRECT					
Director Name			Director Name							
Robert Bolton			J. Lawrence Brillon							
Street Address 505 Narragansett Park Drive			Street Address 89 Pettaconsett Avenue							
ity Pawtucket	State RI	Zip 02861	City Cranston	State RI	Zip 02920					
irector Name John Everson			Director Name John Osowa							
Street Address 223 Allens Avenue			Street Address 169 Bay Street							
ity	State	Zip	City	State	Zip					
Providence	RI	02903	Providence	RI	02905					
REGISTERED AGENT I	N RHODE ISLAND				*					
Lt. 1		Office of the County	ry of State. Changes require filir	- C 644						

·	This report must be signed by either the President,	Vice-President,	Secretary, Assistant Secre	tary, Treasurer, Receiver or	Trustee	
File Date		/		I declare and affirm that		
	•	and that/all st/figm		ents frontained herein are true and correct.		
Check No	· FILED	i I	X		5/30/17	
By:	1 1660		Signature of Officer		Date	
	RETARY OF STATE USE ONLY JUN 07 20	17~	Ronald J. Parrillo,			
		\ <i>J</i> z	Frint or Type Name of Off	icer		
orm No. 63	BY CO	18, 0	resident			
Revised: 05	5/2012	$-\theta$	fille of Officer			