

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	me of the Corporation					
31045	Rhode i	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 pron	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 <u>ALL</u> OFFICERS (NAMES AND ADD	RESSES) ("X" BOX F	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 ATTACH	(NAMES AND ADD IMENT)	RESSES). RHODE IS	LAND CORPORATIONS MUST L	JST NO LESS THAN	THREE (3) DIRECTOR		
Director Name			Director Name				
Robert Bolton			J. Lawrence Brillon				
Street Address <mark>505 Narragansett Pa</mark>	et Address 5 Narragansett Park Drive		Street Address 89 Pettaconsett Avenue				
City	State	Zip	City	State	Zip		
Pawtucket	RI	02861	Cranston	RI	02920		
irector Name ohn Everson		Director Name John Osowa					
Street Address 223 Allens Avenue			Street Address 169 Bay Street				
City	State	Zip	City	State	Zip		
Providence	Ri	02903	Providence	RI	02905		
. REGISTERED AGENT I	RHODE ISLAND	······································		· .			
			ary of State. Changes require filir				

rina report must be	e signed by emier me rresident, vice-rres	sucrit, ocuretally, mosistarit ocuretally, Treasulet, I	receiver or trustee
File Date _		Under penalty of perjury, I declare and this report, including any accompanyir and that all statements contained here	ng schedules and statements,
Check No _	FILED		5/30/17
By:	LILLU	Signature of Officer	Date
FOR SECRETARY OF STA	TE USE ONLY JUN 07 2017	Ronald J. Parrillo, II	·····
Form No. 631 Revised: 05/2012	BY 10018	resident ite of Officer	