



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.

| | | | |
|--|-------------|--|----------------|
| 1. Entity ID Number 27736 | | 2. Exact name of the Corporation North Kingstown Bus Contractors Association | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island To provide a means for handling business interests and issues with regard to matters affecting bus owners | |
| 4. NAICS Code 813990 | | | |
| 6. Principal Office Address 50 Shore Drive | | City North Kingstown | State RI |
| | | Zip 02852 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Paul Mumford | | Vice-President Name John Novak | |
| Street Address 160 Railroad Avenue | | Street Address 60 Cynthia Drive | |
| City Saunderstown | State RI | City North Kingstown | State RI |
| Zip 02874 | | Zip 02852 | |
| Secretary Name Lee Anne Gooding | | Treasurer Name Lee Anne Gooding | |
| Street Address 50 Shore Drive | | Street Address 50 Shore Drive | |
| City North Kingstown | State RI | City North Kingstown | State RI |
| Zip 02852 | | Zip 02852 | |
| 8. 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 Donel Cooper | | Director Name Joanne Corey | |
| Street Address 44 Hidden lake Drive | | Street Address 175 Lafayette Rd | |
| City Saunderstown | State RI | City North Kingstown | State RI |
| Zip 02874 | | Zip 02852 | |
| Director Name Joseph L Paquet | | Director Name | |
| Street Address 50 Shore Drive | | Street Address | |
| City North Kingstown | State RI | City | State |
| Zip 02852 | | Zip | |
| 9. 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 Lee Anne Gooding | | | Date 6/8/17 |
| Signature of Officer/Authorized Representative Lee Anne Gooding | | | |

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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JUN 12 2017

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