



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 1666835		2. Exact name of the Corporation Building Futures	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The mission of Building Futures is to meet employer and industry needs for skilled workers through the Registered Apprenticeship system, while creating family-sustaining career opportunities for low-income diverse residents of Rhode Island	
4. NAICS Code 611513			
6. Principal Office Address 1 Acorn Street		City Providence	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Greg Mancini, Chairman		Vice-President Name NA	
Street Address 1 Richmond Square, Suite 134C		Street Address	
City Providence	State RI	Zip 02906	
Secretary Name Scott Duhamel		Treasurer Name William Bryan	
Street Address 1808 Elmwood Avenue		Street Address 7 Jackson Walkway	
City Warwick	State RI	Zip 02888	City Providence
		State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Bruce Iannuccillo		Director Name Michael Sabitoni	
Street Address 25 Arline Street		Street Address 410 South Main Street	
City Providence	State RI	Zip 02908	City Providence
		State RI	Zip 02903
Director Name Kenneth L. Richardson, Jr.		Director Name Sandra M. Powell	
Street Address 300 Centerville Road, Suite 205 West		Street Address 3 Capitol Hill (RI Health Department)	
City Warwick	State RI	Zip 02886	City Providence
		State RI	Zip 02908
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Andrew L. Cortes, Executive Director			Date 7/19/17
Signature of Officer/Authorized Representative 			

FILED

JUL 21 2017

BY 308731

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov