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	2. Exact name of the Corporation
001087138	**CFMA of the Ocean State**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Unite individuals who have financial responsibilities in the construction industry; to provide a forum through which the Chapter's Members can meet to exchange ideas; to develop and coordinate programs dedicated to the purpose of improving the professional standards.**
4. NAICS Code: **813910 - Business Association**	

6. Principal Office Address	City	State	Zip
10 Weybosset Street	**Providence**	**RI**	**02903**

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SECRETARY OF STATE
CORPORATIONS DIV

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Joe Siddall**			Vice-President Name: **Judith Ventura Enright**		
Street Address: **100 Royal Little Drive**			Street Address: **10 Weybosset Street**		
City: **Providence**	State: **RI**	Zip: **02904**	City: **Providence**	State: **RI**	Zip: **02903**
Secretary Name: **Judith Ventura Enright**			Treasurer Name: **Vanessa Pontarelli**		
Street Address: **10 Weybosset Street**			Street Address: **180 Buttonhole Drive**		
City: **Providence**	State: **RI**	Zip: **02903**	City: **Providence**	State: **RI**	Zip: **02909**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: **Michelle Murphy**			Director Name: **David Byrne**		
Street Address: **46 Orchard Avenue**			Street Address: **P.O. Box 549**		
City: **Barrington**	State: **RI**	Zip: **02806**	City: **Providence**	State: **RI**	Zip: **02901**
Director Name: **Michael Machado**			Director Name: **NONE**		
Street Address: **10 Leah Street**			Street Address:		
City: **Johnston**	State: **RI**	Zip: **02919**	City:	State:	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	Date
Judith Ventura Enright **FILED**	**4/26/18**

Signature of Officer/Authorized Representative: Judith Ventura Enright

APR 30 2018

BY 329662

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

FORM 631 - Revised: 11/2017