



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

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 000126034		2. Exact name of the Corporation New England Laborers' Apprenticeship Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To advance the needs and goals of Apprenticeship			
4. NAICS Code 813930 - Labor Unions and S					
6. Principal Office Address 226 South Main Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Armand E. Sabitoni			Vice-President Name		
Street Address 226 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Michael A. Traficante			Treasurer Name Vincent R. Masino		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	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 type="checkbox"/>					
Director Name Armand E. Sabitoni			Director Name Joseph Sabitoni		
Street Address 226 South Main Street			Street Address 226 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Vincent R. Masino			Director Name		
Street Address 226 South Main Street			Street Address		
City Providence	State RI	Zip 02903	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.					
<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 Vincent R. Masino, Treasurer				Date 6/1/18	
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

MAY 23 2018

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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